



**APPLICATION FOR MEMBERSHIP
RICHARD A HENSON WELLNESS CENTER**

909 Progress Circle, Salisbury MD 21804
 410-742-0505 ext. 130
 Fax : 410-742-0525
www.macinc.org

Gym Hours: Mon-Fri 8:00am-4:00pm

Name		
FIRST NAME	M.I.	LAST NAME
STREET		
CITY	STATE	ZIP CODE
CELL PHONE	HOME PHONE	
EMAIL		

Emergency Contact Information		
NAME	RELATIONSHIP	PHONE NUMBER

Personal Information				
BIRTHDATE (mm/dd/yyyy)	GENDER	RACE (Circle One)		
		WHITE	BLACK	HISPANIC
		AMERICAN INDIAN	ALASKAN	PACIFIC ISLANDER

Additional Info
Are you a cancer survivor? YES:___ NO:___

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORMATION PROVIDED ON THE BACK OF THIS FORM. I ALSO UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE ASSUMPTION OF BASIC WAIVER & RELEASE OF ALL CLAIMS ARE IN EFFECT THROUGHOUT THE DURATION OF MY MEMBERSHIP WITH THE RICHARD HENSON HEALTH AND WELLNESS FACILITY OF MAC. LASTLY, I UNDERSTAND AND AGREE THAT IF THE MEMBERSHIP IS INTERRUPTED FOR ANY REASON THESE AGREEMENTS WILL REMAIN IN EFFECT DURING THE PERIOD OF INTERRUPTION AS WELL AS AFTER THE MEMBERSHIP IS REINSTATED.

SIGNATURE _____ **DATE** _____

Health History

REQUIRED

Medications you're currently taking?

Medical Background? [Past & Present] (Surgeries, Injuries, Pain Areas, ETC.)

Have you been to Physical Therapy in the past? If so, for what, and which Physical Therapy practice?

Goals you are trying to achieve?

What is your exercise capability and status?

Membership Policies

SCHOLARSHIP POLICY

It is the goal at MAC Incorporated to improve and maintain physical, social and mental wellness services in the active adult communities we serve, regardless of residents' ability to pay. A waiver or reduction of fees is available subject to facility and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender, age, or disability.

Initials _____

CONDITIONS OF MEMBERSHIP

All members are required to sign in using our electronic check-in procedure to access and use the wellness facility and programs. Members are STRICTLY PROHIBITED from wearing any variety of open toe footwear/sandals/shoes in the gym facility. Members are required to help prevent the spread of germs by wiping down equipment after use by wiping equipment with anti-bacterial wipes provided by the facility. Members should stay home when feeling ill to prevent the spread of germs. Joiner's fees are non-refundable. As a member of the Richard Henson Health and Wellness Facility of MAC Incorporated you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

Initials _____

PERSONAL TRAINING CANCELLATION POLICY

Once a session has been made, cancellation requires a 24hour notice. If cancelled 24 hours in advanced of the session time, there is NO charge. If cancelation is made LESS than 24 hours prior to the session time, the member WILL be charged the full amount.

Initials _____

ASSUMPTION OF RISK WAIVER AND OF ALL CLAIMS

I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ACTIVITIES OF MAC INCORPORATED AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGES OR LOSS, regardless of severity, that I may sustain from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the

Richard Henson Health and Wellness Facility of MAC Incorporated, their respective officers, directors, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damages or loss that I may have or which may accrue to me from my presence in upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location.

I HEARBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability damage or cost they may incur from my presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the Richard Henson Health and Wellness Facility of MAC Incorporated without respect to location, and whether caused by the negligence of the Releasees or otherwise.

Initials _____

PHOTO WAIVER

I understand that my photo may be taken by the Richard Henson Health and Wellness Facility of MAC Incorporated on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any media now or hereafter developed by the Richard Henson Health and Wellness Facility of MAC Incorporated.

Initials _____

ALTER G USE POLICT

If a person requires assistance getting in and out of the Alter G, they must schedule a personal training session, and enter/exit the Alter G within that time (30 minute time slots). If a client is needing a longer session in the Alter G, they must schedule a back to back personal training session.

I have received and reviewed all of the above policies.

Signature _____ *Date* _____



Physician Release to Participate in an Exercise Program at the Richard A. Henson Wellness Center

To: (Physician's Name) _____
(Clinic Address) _____
(City, State, Zip) _____
(Phone) (Fax) _____

From: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone) (Fax) _____

Re: (Client's Name _____) (Client's DOB _____)

Dr. _____

Your patient, _____, is planning to begin a membership at the Richard A. Henson Wellness Center at MAC Incorporated. All exercise programs are developed based on the individual's health history, current level of fitness and desired goals. Our fitness instructors hold accredited certifications, as well as CPR and First Aid certifications. We value your input regarding this client's exercise prescription. At this time, we are requesting the release of information that you feel would be beneficial to us in developing a safe and effective exercise program. If you know of any medical reasons that would contraindicate or limit this individual's ability to participate, please indicate your concerns. If you have any question, please call us at 410-742-0505.

- I know of no reason why _____ may not participate in an exercise program and fitness testing.
- _____ may participate in an exercise program and fitness testing with the following precautions/limitations:

- I recommend that _____ not participate in an exercise program at this time.

COMMENTS/CONCERNS: _____

(Physicians Signature) _____ (Date) _____

I hereby consent to the release of pertinent information to _____ for the purpose of providing a safe and effective area for exercise, as well as designing a safe and effective exercise program. I understand that this information will be kept confidential and only persons involved in the design and implementation of my program will be reviewing this information.

(Client's Signature) _____ (Date) _____



Pricing Information for the Richard A Henson Wellness Center

Membership Description	Price
Full access to Equipment and Core Classes.	\$40/Month
Couple's Full Access	\$65/Month
*Yoga Class Access	\$45/Month
Class Drop-In	\$10/Class

****Core Class Membership DOES NOT include any additional specialty classes with classes not listed in core class schedule****

See attached CORE CLASS SCHEDULE



PERSONAL TRAINING MEMBERSHIP



Monthly Membership: \$20

* In addition to the purchase of training sessions

Starting May 1, 2022

\$20/ (30 min) session

(Includes personal use of equipment AND Core Classes)

Call us at:

410-742-0505 ext. 130

to schedule

PERSONAL TRAINING CANCELLATION POLICY:

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Core Class Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Stretch, Flexibility & Balance 8:00am-8:30am	Stretch, Flexibility & Balance 8:30am - 9:00am	Stretch, Flexibility & Balance 8:00am-8:30am	Stretch, Flexibility & Balance 8:30am - 9:00am	Stretch, Flexibility & Balance 8:00am-8:30am
Enhanced Fitness 8:45am-9:45am	Pump & Tone 9:15am-9:45am	Enhanced Fitness 8:45am-9:45am	Pump & Tone 9:15am-9:45am	Enhanced Fitness 8:45am-9:45am
	Parkinson's Wellness Group 10:00am-11:00am		Parkinson's Wellness Group 10:00am-11:00am	
Enhanced Fitness 3:00pm-4:00pm		Enhanced Fitness 3:00pm-4:00pm		Enhanced Fitness 3:00pm-4:00pm

**DO something TODAY
that your FUTURE SELF
will THANK YOU for...**



Core Class Descriptions

Stretch/ROM & Flexibility:

It's time to start your mornings off right! This class is designed to revitalize your mind, body, and soul by preparing you for the long day ahead. This low impact class focuses on releasing tension in your muscles, stretching, and balance.

Enhance Fitness:

This class incorporates all aspects of physical fitness; Cardio, Upper body, Lower body, Stretching, Flexibility, and Balance. A full hour of fun, dynamic, cardiovascular exercises, strength training, muscle building, and balance enhancing.

Yoga/ Mobility Moment:

These classes are designed to improve range of motion, joint performance, and mind body awareness for individuals interested in improving their level of functional fitness.

Pump & Tone:

A quick 30-minute workout that moves to the beat of the music! Incorporates postural reinforcement, integrated mobility and range of motion drills, upper and lower body strengthening, BALANCE and stability drills, and even light to moderate aerobic/cardiorespiratory training. Most importantly this teaches proper body mechanics and joint alignment that you can take home and use in your daily life!

Parkinson's Wellness Group: (Tuesday and Thursdays 11am-12pm)

During this class time, both Health and Wellness Coordinators will be working in the gym with the Parkinson's Wellness Group, and will be unavailable for personal training sessions. If you have questions about the Parkinson's Wellness Group and would like more information, please contact the Lower Shore Parkinson's Support Group at (410) 749-8511.