



Membership Application

General Information		
Name:		
Date of Birth:	Age:	Phone:
Address:		
City:	State:	Zip:
Insurance Carrier?	Incentive Enrollment?	Silver Sneakers?
Emergency Contact		
Name		Home Phone:
Relationship		Cell Phone:
Membership Fees		
<p>*Galeon Wellness Program fees are \$30 per month for an individual and \$52 per month for a couple.</p> <p>*Galeon Wellness Program membership fees are due within the first five (5) days of each month.</p> <p>*Your membership has no term obligation and it will remain active based on receipt of your membership fee. If you plan to miss a month or more of membership, or would like to cancel your membership, please speak to a member of the Wellness Staff.</p> <p>*If applicable, wellness participation incentives earned from your health insurance provider will be credited toward your membership the month after the incentive quota is met.</p> <p>*It is important to know what your incentive plan requires. If you do not meet the incentive in any given month, the full membership must be paid for the next month, with no exceptions.</p> <p>*Please make sure that you "sign-in" each time you participate in the Wellness Program, in order to receive proper credit for your incentive program.</p> <p>*Galeon is not responsible for missed incentive credits.</p>		

Informed Consent/Release of Liability

In agreeing to utilize the Galeon Wellness Center, I agree as follows:

I fully understand and acknowledge that wellness activities have inherent risks, dangers, and hazards and my participation in such activities may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. These risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of Galeon, the negligence of participants, the negligence of others, accidents, breaches of contract, or other causes. By agreeing to this release, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Friendship Haven, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Galeon and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of Galeon.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE GALEON FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

I HAVE ALSO READ AND AGREE TO THE POLICIES & PROCEDURES FOR THE GALEON WELLNESS CENTER. I UNDERSTAND THAT IF I FAIL TO FOLLOW ANY OF THE STATED POLICIES & PROCEDURES, GALEON HAS THE RIGHT TO TAKE ACTION, UP TO AND POSSIBLY INCLUDING FORFEITURE OF MY RIGHT TO USE THE WELLNESS CENTER.

Signature

I understand and accept responsibility for the information presented in this membership application.

Signature: _____ Date: _____