



The UNIVERSITY of OKLAHOMA

Health Sciences Center

University Health Club | University Research Park Health Club

MEMBERSHIP APPLICATION

Membership Requirements

All of the following must be submitted to the University Health Club, at 1000 N. Lincoln Blvd, along with a completed membership application for the enrollment of all new members.

- Driver's License - Required
Voided Check - Required
Employee, Student, or other ID (If applicable)

Membership Options

Table with 2 columns: Choose Option and Additional Amenities. Rows include University Health Club, University Research Park Health Club, BOTH LOCATIONS, Non-EIM Referral, Towel Service, Private Locker Rental, and Towel & Locker Service.

Member Information

Form fields for Member Information: First Name, Last Name, Mailing Address, City/State/Zip, Place of Employment, Emergency Contact, Date of Birth, Gender, Phone, Email.

Billing Information

Attach Voided Check Here.

If no voided check or bank documentation can be presented, verification is required by a staff member.

Form fields for Billing Information: Account Holder's Name, Account Type, Routing #, Bank, Account #.

UHC EMPLOYEE VERIFIED BILLING INFO: _____

I authorize the University Health Club and the financial institution named below to make automatic monthly withdrawals from the account below. This authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.

Name: _____ Signature: _____ Date: ___/___/___

OFFICE USE ONLY

Office Use Only section with fields for Membership, Member #, Staff/Student ID, Application Fee, 1st Month Fee, Towel/Locker Fees, Total Enclosed, and Checked by.



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MEMBERSHIP AGREEMENT

RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the University Health Club and/or the University Research Park Health Club, and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive release and forever discharge the University Health Club and/or the University Research Park Health Club and its officers, agents, employees, representatives, executors, and all others from any responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at or through said facilities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission or any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activity of the University Health Club and/or the University Research Park Health Club.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any risks of injury or death.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the University Health Club and/or the University Research Park Health Club or use of equipment or facilities except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given by physician's permission to participate, or that I have decided to participate in activity and/or use of equipment/facilities without the approval of my physician. I hereby assume all responsibility for my participation and activities and use of equipment and facilities in my activities.

I understand that I may ask any question or request further explanation or information about the activities, facilities, equipment, programs, and services offered by the University Health Club and/or the University Research Park Health Club before, during, or after my participation. I declare that I have read, understood and agreed to the contents of this agreement in its entirety.

I agree to the Release of Liability stated above. Please initial

TERMS AND CONDITIONS

The member agrees to abide by the policies of the University Health Club and/or the University Research Park Health Club. The policies and/or terms of the membership may be amended from time to time.

For use of the University Health Club and/or the University Research Park Health Club facilities, the member agrees to pay the University Health Club an application fee and monthly dues of the selected membership category. New member monthly dues will be charged the full monthly fee through the 15th of the month, or half of the monthly fee for the remainder of the month, to be collected at the time the member joins. Monthly dues are subject to change pursuant to the policies of the University Health Club and/or the University Research Park Health Club. The University Health Club and/or the University Research Park Health Club reserves the right to increase rates and add or delete services upon prior notice to members.

UNIVERSITY HEALTH CLUB ADDITIONAL FAMILY POLICY: In the case of family memberships with the University Health Club, additional members must be immediate family (husband, wife, or child age 9-22) and residing within the residence. Children over the age of 9 and under the age of 18 are allowed memberships to the University Health Club and are restricted to direct parental supervision. Each family member must be listed on the primary member's account and provide proof of residing within the primary member's designated residence. All members will be billed on the primary member's account, including via payroll deduction.

UNIVERSITY RESEARCH PARK HEALTH CLUB ADDITIONAL FAMILY POLICY: In the case of family memberships, additional members must be immediate family (husband, wife, or child age 18-22) and residing within the residence. Children eighteen (18) to twenty two (22) are allowed additional family memberships. Each family member must be listed on the primary member's account and provide proof of residing within the primary member's designated residence. All members will be billed on the primary member's account.

The member may change his/her membership category provided that the member satisfies the application requirements of the new membership category.

Dues may be collected by monthly electronic fund transfer. Balances for services or goods not paid for within ninety (90) days may result in cancellation of the membership and all unpaid balances shall be immediately due and payable. Any accounts past due for greater than 90 days are subject to collections, the cost of which the member agrees to pay.

A \$25.00 late/insufficient funds fee will be charged for unpaid accounts. New and updated billing, address, and telephone information is the responsibility of the member. If an account is overdue more than two months in a six-month period, the member will be required to pay six months of membership dues in advance or the University Health Club will terminate the membership.

If any charges are applied to an account in error, the University Health Club will refund such charges if notified within 90 days of the incorrect charges from the day of error.

All billing will be processed/posted on the first (1st) working day of each month.

This agreement shall be in effect until cancelled or terminated as provided herein.

A member is required to provide a written notification if he/she intends to cancel or change the category of the status of his/her membership. Members cancelling during a month will be responsible for dues for the current month. For example, cancelling on the 5th day of May, payment of the membership fee for May is required.

The University Health Club and/or the University Research Park Health Club agrees to provide use of its facilities during business hours as stipulated by the membership category while this agreement is in effect. The University Health Club and/or the University Research Park Health Club reserves the right to close the facility for scheduled events, repairs, and maintenance with the understanding that its members will be given adequate advance notice.

This agreement shall not be assignable by the member. This membership is personal to the member listed on the front of the application. It cannot be cancelled except as otherwise provided herein.

MEMBER ACKNOWLEDGES THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT OF THE PARTIES. THE UNIVERSITY HEALTH CLUB AND/OR THE UNIVERSITY RESEARCH PARK HEALTH CLUB MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESSED OR IMPLIED, OTHER THAN THOSE SET FORTH HEREIN. If any portion of the agreement is held to be invalid or unenforceable, such portion shall be disregarded and the remainder of the agreement shall remain in full force and in effect.

UNIVERSITY HEALTH CLUB GUEST POLICY: All guests (non-members) will be charged a guest fee for usage of the University Health Club. All guests must have valid photo identification and are subject to the rules and policies of the University Health Club. Guests over age nine (9) and under eighteen (18) must have the release of liability form signed by a parent or legal guardian.

UNIVERSITY RESEARCH PARK HEALTH CLUB GUEST POLICY: No guests are allowed to use the facilities or equipment of the University Research Park Health Club. Only current University Research Park Health Club members in good standing are allowed use of its equipment and facilities.

The University Health Club and/or the University Research Park Health Club reserves the right to determine appropriate behavior in the facility and reserves the right to restrict or deny access to the facility to anyone or anything and/or cancel membership. The University Health Club and/or the University Research Park Health Club is not responsible for personal belongings.

The Health Club Member acknowledges the restricted use of cell phone or video use in the locker rooms.

Failure to regularly attend the University Health Club and/or the University Research Park Health Club and utilize its programs and facilities does not relieve the member of the obligation, regardless of the circumstances, to pay for this membership in full unless otherwise provided herein.

I agree to the Terms and Conditions stated above. Please initial

CANCELLATION POLICIES

The University Health Club and/or the University Research Park Health Club membership options are based on a month-to-month commitment. All membership options are open-ended and will continue on a month-to-month basis until the member submits a completed cancellation form to the business office. Cancellation forms are due by the last day of the month in which a member wishes to cancel. Any cancellation forms submitted after the 1st of each month are still obligated to payment for the month's membership billing cycle. For example, cancelling on the 5th day of May, payment of the membership fee for May is required.

I agree to the Cancellation Policies stated above. Please initial

I agree to this membership agreement, release of liability, terms and conditions, and cancellation policies.

Member Signature _____ **Date** ____/____/____

Staff Signature _____ Witnessed and signed this _____ day of _____, 20_____.



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PRESCREENING QUESTIONNAIRE

If you answer “**YES**” to any of these questions, we will require you to see your personal physician or healthcare provider before becoming a member at the University Health Club and/or the University Research Park Health Club and obtain a medical clearance. The medical clearance can be delivered to the front desk at any time.

Yes

No

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?

2. Do you have chest pains brought on by physical activity?

3. Have you developed chest pain in the past month?

4. Have you on more than one occasion lost consciousness or fallen over as a result of dizziness?

5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

6. Has a doctor ever recommended medication for your blood pressure or a heart condition?

7. Are you aware, through your own experience or a doctor’s advice, of any physical reason that would prohibit you from exercising without medical supervision?

Adapted from Shepard et al. (22) and Thomas et al. (24)

AHA/ACSM Joint Position Statement: Recommendations for Cardiovascular Screening, Staffing, and Emergency Policies at Health/Fitness Facilities

Member Signature _____ Date _____