



Frazier Rehab Institute

A service of Jewish Hospital & St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

Client Information/ Medical Waiver (to be completed by the Client)

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Phone: (____) _____

Work:(____) _____ Cell: (____) _____

Date of Birth: _____ E-Mail: _____

Do you have a permanent physical disability? ____ Yes ____ No

Diagnosis: _____

Is your disability __ Congenital (present at birth) __ Acquired or diagnosed on this date __/__/__

____ Amputation Cause: _____ Level: _____

____ Cerebral Palsy _____ Friedreich's Ataxia _____ Post Polio Syndrome

____ Multiple Sclerosis _____ Arthritis _____ Lymphedema

____ Brain Injury Cause: _____

____ Stroke _____ Guillain-Barre Syndrome _____ Morbid Obesity

____ Spinal Cord Injury Cause: _____

Level: _____ Complete: ____ Incomplete: ____ Asia Level A B C D

____ Spina Bifida (Circle One)

____ Visual Impairment _____ Spinal Muscular Atrophy _____ Diabetes

____ Muscular Dystrophy _____ Visual Impairment _____ Fibromyalgia

____ Parkinson's Disease _____ Cardio-Pulmonary Disease _____ No Disability

____ Other(explain disability and cause) _____

Do you use a walker, cane, prosthesis or wheelchair to get around your home or in the community? ____ Yes ____ No

Do you have a condition lasting 6 months or more that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? ____ Yes ____ No

Do you have a physical condition lasting 6 months or more that substantially limits one or more basic physical activities such as eating, grooming, dressing, bathing or getting around inside the home? ____ Yes ____ No

Do you have a cognitive impairment or diagnosis? Please Describe: _____



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

Client Information/Medical Waiver (page 2) (to be completed by the Client)

List surgeries and dates (use separate sheet if necessary): _____

List Medications (prescriptions and over-the-counter/ use separate sheet if necessary): _____

List Allergies: _____

Please indicate if you have any of the following:

Seizures ___Yes ___No How many in the past 12 months? _____

Date of most recent seizure ___/___/___

Diabetes ___Yes ___No Heart Disease ___Yes ___No Asthma ___Yes ___No

Use Insulin ___Yes ___No High Blood Pressure ___Yes ___No

Heat Related Problems ___Yes ___No Other conditions _____

I am currently receiving outpatient therapy ___Yes ___No

If yes, are you currently receiving therapy at a Frazier Rehab Institute Community Outpatient Facility?

Yes ___ Therapy Schedule _____

I am interested in being evaluated for membership in the Community Fitness and Wellness Facility at Frazier Rehab Institute ___Yes ___No

I have participated in regular exercise in the past 90 days ___Yes ___No

If no, how long has it been since you participated in regular exercise _____

I am interested in participating in the Frazier Rehab Institute Adapted Sport Programs ___Yes ___No

Please list sports or recreation activities of interest: _____

I give permission to the Frazier Rehab Institute, Community Fitness and Wellness Facility and/or the Frazier Rehab Institute Adapted Sport Programs or representatives from local competing organizing committees and/or local sport team representatives to seek medical attention on my behalf in the event of an emergency

Signature of Client/Participant: _____ Date: _____



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

MEMBERSHIP TERMS (page 3)

DURATION OF MEMBERSHIP

Frazier Rehab Institute Community Fitness And Wellness Facility membership is continuous for a minimum of one year and not transferable or refundable after 30 days. After one year, membership will automatically renew month to month after the first year in the month you joined the facility program. At this time all paperwork will need to be updated by a member of the fitness team and physician. Any changes to your personal or account information must be updated regularly.

MEMBER'S RIGHT TO CANCEL

All members are required to sign up for a minimum of three months. At the end of three months if you choose to cancel your membership, a written notice of your intention to cancel must be delivered or mailed prior to the first of the month and you must bring your account balance to zero. Members agree to pay charges for services and monthly dues, whether the facility programs are used or not, until termination of membership.

Please mail cancellation notice to:

Frazier Rehab Institute-Community Fitness and Wellness Facility

Attention: Karey McDowell

220 Abraham Flexner Way, 11th Floor

Louisville, Kentucky 40202

(502) 582-7411 (office) (502) 582-7477 (fax)

CANCELLATION OF MEMBERSHIP BY FRAZIER REHAB INSTITUTE

Frazier Rehab Institute and the Community Fitness and Wellness Facility reserve the right to immediately terminate the membership of any member engaging in conduct in violation of this contract or the rules and regulations of the Frazier Rehab Institute Community Fitness and Wellness Facility Programs.

MEDICAL CONDITIONS

If you are unable to participate in programs for an extended period of time due to a medical condition, your membership may be placed in an inactive status up to two months after receipt of written documentation from your physician. After two months, your account will become active and charges will be incurred. If you need a further extension due to a medical condition, you must notify our business office at (502)-582-7411 or (502) 409-0035 of your status. Each occurrence will be approved on a case-by-case basis upon receipt of documentation from a physician. A one-time fee of \$50.00 will be assessed for each membership placed in the frozen status.

CONTINUOUS MEMBERSHIP

A re-enrollment fee of \$100.00 must be paid to rejoin if membership is allowed to expire or if membership is cancelled during the year of this agreement. All necessary paper work will have to be resubmitted prior to re-enrolling.

PAST DUE ACCOUNTS / FEES

Membership must remain current to avoid cancellation and loss of privileges to the facility. A statement will be sent at thirty (30) days for outstanding fees. After sixty (60) days, memberships will be temporarily suspended until all fees are paid in full. After ninety (90) days, memberships will be cancelled. To rejoin at a later date, all past due fees must be paid as well as a \$75.00 re-registration fee. **A fee of \$75.00 will be charged for insufficient funds or returned checks**



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

Consent & Release of Liability (page 4)

Jewish Hospital & St. Mary's HealthCare, Inc. d/b/a Frazier Rehab Institute ("Frazier") is offering to the community an opportunity to utilize its physical fitness equipment and facility for the purpose of creating and maintaining a personal, physical fitness regimen. Prior to using the physical fitness equipment and facility, you must read, acknowledge and sign this consent and release of liability agreement.

I, _____, the client or on behalf of the client, ("Client" is defined to include myself, children, spouse, parents, heirs, assigns, personal representatives, guardians and estate) consent and affirmatively elect to use the physical fitness equipment and facility offered by the Frazier Rehab Institute.

Prior to Client's use of the physical fitness equipment and facility, a Frazier team member will conduct Client's orientation to the physical fitness equipment and the facility. Client should consult with his or her physician prior to using the physical fitness equipment or facility and have the physician complete a Client Release to Participate form. The hours of operation for Client's use of the physical fitness equipment and facility are Monday through Friday, 1 P.M. to 8P.M, and Saturdays, 10 A.M. to 3 P.M .excluding holidays, subject to variation (change/expansion).

By signing this document, Client expressly represents that he or she is in good health and is capable of full participation in rigorous physical activity. Furthermore, Client agrees to assume all risk of personal injury while using the physical fitness equipment and facility. Client also agrees to release and hold harmless Frazier and any affiliate, associate, successors and assigns, as well as any trustees, officers, directors, employees and agents from any type of liability or loss arising from or in any way connected or associated with Client's use of the physical fitness equipment and facility. Should Frazier be required to incur attorneys' fees, expenses and/or costs to enforce this consent and release of liability agreement, Client agrees to indemnify and hold Frazier harmless from all such fees, expenses and/or costs.

CLIENT HAS CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTANDS ITS CONTENTS. CLIENT ACKNOWLEDGES THAT THIS IS A CONSENT AND RELEASE OF LIABILITY AGREEMENT, WHICH CREATES A CONTRACT BETWEEN CLIENT AND FRAZIER.

Client's Signature: _____ Date: _____

Legal Representative of
Client's Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name _____ Home Phone _____

Relationship _____ Employer _____

Work Phone _____ Cell Phone _____



COMMUNITY FITNESS AND WELLNESS FACILITY

Membership Application (page 5)

Name _____ Date _____

MEMBERSHIP CATEGORIES and FEES

Enrollment Fee: \$100 (all ages)* - \$25 for each additional person on membership

Enrollment Fee includes the initial assessment, orientation to the facility and (1) free session with a trainer

_____ **Basic Membership \$50/month** (Adults 19-59)** ***Minimum of three (3) month membership commitment*

Basic membership includes use of all gym equipment during hours of operation. *This package does not include Functional Electrical Stimulation (FES) Cycles or Locomotor Training (LT).*

_____ **Basic Membership \$40/month*(Student/ Adults 60 & Over)** **Minimum of three (3) month membership commitment*

Basic membership includes use of all gym equipment during hours of operation. 'Student' includes adults (18 & up) attending University/College programs with valid student identification and students 18 under. Any client under the age of 15 must be accompanied by an adult at all times of attendance. *This package does not include Functional Electrical Stimulation (FES) Cycles or Locomotor Training (LT).*

_____ **Guided Exercise \$300.00/month*** (ALL Ages)**

This membership includes use of all gym equipment, plus a maximum of three sessions per week with a personal trainer. All sessions with the trainer must be scheduled at least 48 hours in advance with a minimum of 6- hours cancellation notice. This package is appropriate for clients who may need hands on assistance to appropriately perform their individual exercise routine.

Optional Packages –

_____ **Package A- Basic Membership (\$50) + FES/LT \$1050.00/month*** (All Ages)**

This membership includes use of all gym equipment, plus 3 weekly sessions of LT (12 sessions per month) AND a minimum of 2 weekly sessions of FES cycling (8 sessions per month) Sessions must be scheduled in advance unless equipment is open for use. Client must vacate open equipment if scheduled client arrives. Client must schedule 48-hrs in advance with a minimum of 6-hrs cancellation notice

_____ **Package B -Basic Membership (\$50) + FES/LT \$850.00/month*** (All Ages)**

This membership includes use of all gym equipment, plus 2 weekly sessions of LT (8 sessions per month) AND a minimum of 3 weekly sessions of FES cycling (12 sessions per month) Sessions must be scheduled in advance unless equipment is open for use. Client must vacate open equipment if scheduled client arrives. Client must schedule 48-hrs in advance with a minimum of 6-hrs cancellation notice

_____ **Package C- Basic Membership (\$50) + FES \$450.00/month*** (All Ages)**

This membership includes use of all gym equipment, plus unlimited sessions on the FES bike. Sessions must be scheduled in advance unless equipment is open for use. Client must vacate open equipment if scheduled client arrives. Client must schedule 48-hrs in advance with a minimum of 6-hrs cancellation notice

****Membership packages that include FES and LT are the same price as listed above, regardless of the age of the member.*



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

Membership Application (page 6)

Name _____ Date _____

MEMBERSHIP CATEGORIES and FEES

Personal Training Sessions

This session includes one hour of individual instruction and assistance from a personal trainer. These sessions can be scheduled Monday- Saturday. All sessions must be scheduled 48-hrs in advance with a minimum of 6-hrs cancellation notice. These sessions can be purchased at anytime and scheduled by contacting the facility director or supervisor at the number listed below.

_____ Single Personal Training Session - \$40/hour

_____ 5 Sessions = \$190.00

_____ 10 Sessions= \$350.00

_____ 15 Sessions= \$450.00

Locomotor Training (LT)- This session includes 45minutes of training on the treadmill with a team of (4) Activity Based Technicians. This training requires written approval from your physician and may only be appropriate for specific diagnosis. These sessions require a thorough evaluation and must be scheduled one week in advance. Sessions are purchased and scheduled by contacting the facility director or supervisor at the contact information listed below.

_____ LT Evaluation- \$100.00

_____ Single LT session - \$150/hour

Functional Electrical Stimulation (FES)- This session includes a 60minute session on the FES bike. It is required to have written approval from your physician and may only be appropriate for specific diagnosis. These sessions require a thorough evaluation and must be scheduled one week in advance. Sessions are purchased and scheduled by contacting the facility director or supervisor at the contact information listed below.

_____ FES Evaluation- \$50.00

_____ Single FES session - \$75/hour

Contact Information:

- Frazier Rehab Institute ● Community Fitness and Wellness Facility ● 220 Abraham Flexner Way ●
- Louisville, Kentucky 40202 ● (502) 582-7411 ● (502) 409-0035 ● (502) 582-7477 (fax) ●



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

MEMBERSHIP AGREEMENT (page 7)

Below are the signatures of all persons applying for memberships who are at least 19 years of age, and signatures of guardians for all persons applying for membership who are less than 19 years of age. I HAVE READ AND AGREE WITH THE TERMS OF THIS CONTRACT, and any questions were answered to my full satisfaction. I will follow the Frazier Rehab Institute Community Fitness and Wellness Facility's rules and regulations, amended from time to time, and the Frazier Rehab Institute Community Fitness and Wellness Facility failure to timely enforce, in whole or in part, its rights, privileges or powers under this contract shall not operate as a waiver thereof. I have received a copy of this contract.

Date _____

Signature of Member or Parent / Guardian (if member is under 19 years of age)

Family Member Signatures (all members 19 years of age or over)

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Contact Information:

- Frazier Rehab Institute ● Community Fitness and Wellness Facility ● 220 Abraham Flexner Way ●
● Louisville, Kentucky 40202 ● (502) 582-7411 ● (502) 409-0035 ● (502) 582-7477 (fax) ●



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

PAYMENTS (Minimum of 3 month membership commitment) (page 8)

Payment Schedule _____ Monthly _____ Quarterly _____ Annually

Method of Payment _____ Credit Card Visa MasterCard (please circle)

_____ Debit Card Visa MasterCard (please circle)

_____ Bank Draft from Checking or Savings Account

Credit / Debit option: Card No. _____ Exp. Date _____

Name (as listed on card) _____

Bank Draft option:

I (we) hereby authorize Frazier Rehab Institute to initiate debit entries to my (our)
_____ Checking Account _____ Savings Account (choose one) at the depository financial institution
named below and debit the same to such account (s). **Please Provide a Voided Check**

Bank Name _____

Name(s) on Account _____

Routing No. _____ Account No. _____

Automatic Payment Authorization: This authority is to remain in full effect until 30 days after Frazier Rehab Institute has received written notification from me (or either of us). I understand that termination of this agreement can only occur if all transactions are resolved and my membership account is in good standing. I understand that fee(s) will be charged to (credit card), or debited from (debit card or bank draft), my account on either the 15th business day of the month. I agree to pay a \$75.00 fee for failed transactions due to insufficient funds in my account.

Signature _____

Date _____



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

AUTHORIZATION FOR AUDIO / VISUAL CONSENT (page 9)

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions of the persons who are hereby applying for membership and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of the Frazier Rehab Institute Community Fitness and Wellness Facility and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to the Frazier Rehab Institute Community Fitness and Wellness Facility the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by the Frazier Rehab Institute Community Fitness and Wellness Facility and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same.

Client Signature _____

Date _____

Parent / Guardian Signature (if member is under 19 years of age) _____

CONSENT FOR EMERGENCY TREATMENT

In the event that an Applicant should sustain any injuries while participating in the Frazier Rehab Institute Community Fitness and Wellness Facility activity or while on the premises of Frazier Rehab Institute, the Applicant may be examined and treated by health care personnel, including examination at medical facilities. I voluntarily consent to such examination and treatment for the Applicant, and I release and forever discharge the Frazier Rehab Institute Community Fitness and Wellness Facility, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

Client Signature _____

Date _____

Parent / Guardian Signature (if member is under 19 years of age) _____



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

Medical Waiver Form- Must be completed by Physician (page 1)

Client/Participant's Name _____

Diagnosis (list all) _____

List impairments (ex; Hemiparesis, etc...) _____

Sex _____ Height _____ Weight _____ Pulse _____ Blood Pressure _____

Physical Exam ___Normal ___Abnormal Explanation of Abnormalities _____

Head/Neck _____

Eyes/Vision _____

Ears/Hearing _____

Heart/Lung _____

G.U. _____

C.N.S. _____

Skin _____

Orthopedic Exam _____

ROM Loss/Contractures _____

Joint Laxity/Instability _____

Other _____

Dates of hospitalization in the past two years with admitting diagnosis _____



Frazier Rehab Institute

A service of Jewish Hospital &
St. Mary's HealthCare

COMMUNITY FITNESS AND WELLNESS FACILITY

**Medical Waiver Form (page 2)
To be completed by Physician**

Significant ABNORMAL tests (EKG, X-Ray, Lab) _____

I give Approval for Participation in the following activities at the Frazier Rehab Institute Community Fitness and Wellness Facility:

_____ Regular Physical Exercise _____ Loading/Weight Bearing Activities (standing frame etc.)

_____ Locomotor Training _____ Functional Electrical Stimulation (FES) Bike

Please list all Restrictions: _____

Physician's Name (please print) _____

Phone _____

Address _____

City _____ State _____ Zip _____

Physician's Signature _____ Date _____

Please return all forms to:
Frazier Rehab Institute-Community Fitness and Wellness Facility
Attention: Karey McDowell
220 Abraham Flexner Way, 11th Floor
Louisville, Kentucky 40202
(502) 582-7411
(502) 409-0035

**A COPY MAY BE FAXED TO (502) 582-7477
ORIGINAL INK FORM MUST ACCOMPANY THE CLIENT UPON START OF LOCOMOTOR
AND/OR FES PROGRAM***

***(Original Ink Medical Waiver must be kept on file at Community Fitness and Wellness Facility Site)**