

Welcome to the Duke Fitness Club!

Duke is pleased to bring you the Duke Fitness Club as part of its continuing commitment to promote health and wellness among faculty and staff. The Duke Fitness Club offers you and your family discounted membership to fitness facilities throughout central North Carolina.

The Duke Fitness Club's network of facilities provides comprehensive services, convenient locations and attractive rates for faculty, staff and their families. The enrollment process is coordinated through **LIVE FOR LIFE**, Duke's employee health promotion program.

Eligibility: Those eligible are all Duke University and Health System faculty and staff, retirees and their spouses or same-sex partners, and dependents. Dependents are family members who are eligible for duke benefits. More details about who qualifies as a dependent is available online.

To Join: Complete the enclosed application and follow the instructions for submission.

Send your completed enrollment forms to LIVE FOR LIFE through any of the following options:

- **Fax:** 919-684-1852, ATTN: Duke Fitness Club
- **Campus Mail:** Duke Fitness Club; Box 3200
- **In person:** Duke South Red Zone Basement Room 04290
Office Hours: Monday-Friday, 8a.m.-5p.m.(closed Wednesday 12-2p.m.)

A LIVE FOR LIFE staff member will contact you when your enrollment forms have been received to complete the enrollment process.



For more information, please visit our Website at www.hr.duke.edu/fitness or call 919-684-3136 and select option 1.





Effective date: _____

Duke Fitness Club Membership Agreement

Southwind Health and Wellness Center

Please initial each below:

- _____ I agree to a 3-month contract with Southwind Health and Wellness through LIVE FOR LIFE and month-to-month contract thereafter.
- _____ If I choose to cancel my membership after 3 months, I will complete a cancellation form available from LIVE FOR LIFE. After LIVE FOR LIFE receives my cancellation form, it will take at least four weeks for the cancellation to be effective.
- _____ I agree that payment is arranged for my convenience through payroll deduction; however depending on the payroll cycle, one or two month's payment upfront may be required to begin my membership immediately.
- _____ I agree to allow LIVE FOR LIFE to deduct the membership fees through payroll deduction and I understand that my deduction covers 1 month in advance.
- _____ I agree to notify LIVE FOR LIFE of any change in my name, address, phone number, employment or medical status.
- _____ I agree to present my Duke ID at Southwind Health and Wellness Center front desk with each visit. immediately.

Please complete the below. Please print clearly or type.

Employee name (payee): _____ Duke unique ID: _____

Duke Box #: _____ Email Address: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Are you a Duke retiree or current employee? _____

If you are current employee, are you paid bi-weekly, monthly or the last day of the month? _____

Is your position considered faculty or staff? _____

Where is your work location? (circle one) *Duke University Hospital* *Duke University Medical Center*
Duke University *Durham Regional Hospital* *Duke Raleigh Hospital*

Fitness Club Membership Category: (circle one) Individual OR Family

Fitness Club Membership Type: (circle one) Pool Aerobics OR Wellness

Names of family member(s) if applicable: _____

Projected Club Start Date: _____ Monthly Fee: _____

How did you hear about the Duke Fitness Club at Southwind Health and Wellness Center? (Please check all that apply)

- Email
- Direct mail
- Another member
- Information booth
- Website
- Flyers
- Orientation
- Other: _____

Employees Signature _____ Date _____

For LIVE FOR LIFE use only

CSC Staff initials	Fitness Staff Initials Only
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Paperwork completed for each family member	_____ Entered into Duke Log
_____ Paperwork faxed to facility (919-383-9112)	_____ Entered into Healthcalc

Each member MUST complete a copy of this page.

Southwind Health and Wellness Center

First Name: _____	Last Name: _____	MI: _____	SSN: _____
Sex: _____	Age: _____	Home Address: _____	
Home Phone: _____	Height _____	Weight _____	
Date of Birth _____	Allergies: _____	Physician: _____	Phone: _____
Emergency Contact: _____		Relationship: _____	
Day Phone: _____		Evening Phone: _____	

Health Screening Questionnaire

This questionnaire is used to screen participants about their past and current medical history in order to compare the risks of exercise to the potential benefits. This will allow our fitness staff to assist you with the safest and most effective exercise program.

Yes	No	Category One (One Point)
<input type="radio"/>	<input type="radio"/>	Are you age 40 or older?
<input type="radio"/>	<input type="radio"/>	Has a physician ever said that you have High Blood Pressure (hypertension)?
<input type="radio"/>	<input type="radio"/>	Has a physician ever told you that you had High Cholesterol (>240mg/dl)?
<input type="radio"/>	<input type="radio"/>	Do you smoke more than 10 cigarettes a day?
<input type="radio"/>	<input type="radio"/>	Do you have a family history of cardiovascular disease prior to age 55 in parents/siblings(stroke, heart disease, peripheral vascular disease)?

Yes	No	Category Two (Two Points)
<input type="radio"/>	<input type="radio"/>	In the past 6 months, have you experienced: Chest Pain
<input type="radio"/>	<input type="radio"/>	Shortness of Breath
<input type="radio"/>	<input type="radio"/>	Dizziness
<input type="radio"/>	<input type="radio"/>	Ankle Swelling
<input type="radio"/>	<input type="radio"/>	Skipped Heart Beats
<input type="radio"/>	<input type="radio"/>	Any Type of Surgery

Yes	No	Category Three (Three Points)
<input type="radio"/>	<input type="radio"/>	Has a physician Ever Told You that You Had:: Cardiovascular Disease (heart disease, stroke, peripheral vascular disease)
<input type="radio"/>	<input type="radio"/>	A Heart Attack
<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	Pulmonary Disease
<input type="radio"/>	<input type="radio"/>	Metabolic Disease (liver, kidney, thyroid)
<input type="radio"/>	<input type="radio"/>	Bone or Joint Problems

Please explain any “**Yes**” answers listed above, list current medications, and describe any pertinent medical information in space provided below.

Total Points: _____

****A score of three points or more requires written physician approval prior to exercising****

I certify that all the information provided above is my own and is accurate to the best of my knowledge. I agree to immediately inform LIVE FOR LIFE of any changes to the information provided above. I understand that a score of 3 points or more now or at any time in the future will require that I get written approval from a physician before participating in any Southwind Health and Wellness Program. **I have read and understand the Rules and Regulations and Waiver of Liability as stated on the next page.** If I choose to cancel my membership after 3 months, I will complete a cancellation form available from LIVE FOR LIFE. I agree to allow LIVE FOR LIFE to deduct the membership fees through payroll deduction. I understand that my deduction covers 1 month in advance and I have a choice to pay membership fees today or wait until payroll deductions begin to start exercising.

Printed Name

Signature

Date

SOUTHWIND HEALTH AND WELLNESS CENTER RULES AND REGULATIONS

Operating Hours The facility is open Monday-Thursday from 6am-8pm, Friday from 6am-7pm, and Saturday from 8am-Noon. Hours are subject to change according to periodic postings and holidays. Doors will be locked promptly at closing times. All members should be out of facility at this time.

Memberships The Striders Membership includes access to the indoor walking track and outdoor trails. The Pool and Aerobics Membership includes access to the pool/hot tub, exercise classes, and indoor walking track/outdoor trails. The Wellness Membership includes access to the exercise equipment, pool/hot tub, exercise classes, indoor walking track/outdoor trails, and educational classes. Members may request one “equipment orientation” session.

Refunds Memberships are non refundable in whole or in part. ***No exceptions.***

Transfer Memberships are not transferable in whole or in part. ***No exceptions.***

Holds Memberships may be put on hold for absences two weeks or more. Member must notify office in writing *prior* to beginning hold date and must notify staff upon return. Memberships will ***not*** be held retroactively. ***No exceptions.***

Sign in All members are required to sign in (print your name) at the front desk and pick up membership badge to be worn at all times (while not in pool).

Pool/Hot Tub Each person using the pool/hot tub must ***shower*** prior to use. This will reduce wear and tear on the filtration systems. The time limit for the hot tub is ***15 minutes***. Temperature of the pool water is between 86-88° and the hot tub is between 98-100°. **Please adhere to the rules posted in the pool area.**

Clothing Members should wear appropriate exercise clothing such as gym shorts, T-shirts, sweat suits, and soft-soled shoes. Swim suits are not allowed in gym area. Blue jeans and weight belts are not allowed on resistance machines.

Towels Southwind does not provide a towel service. Members should bring their own towels.

Lockers Lockers are available while using the facility. Locks are ***not*** provided. If you bring your own lock, please remove it daily upon leaving the facility. Southwind is not responsible for damaged or lost personal property.

Pool: There is no lifeguard on duty in the pool-swim at your own risk. Southwind highly recommends you swim with a partner.

Children Children under the age of 14 are ***not*** allowed to use the exercise equipment without the permission of the Southwind Staff. A parent or guardian must supervise children under the age of 16 at all times. Children under the age of 14 are not allowed in the pool during class time. Children under the age of 16 must be accompanied by an adult in the pool at all times.

Fitness Staff For your protection, the Southwind Fitness Staff is trained to correct unsafe lifting techniques. This will ensure the safety and quality of your exercise program. Lap counters and heart rate monitors should be checked out and in by the Fitness Staff.

Miscellaneous Smoking, alcoholic beverages, and profanity are not allowed in the facility. Members are not allowed behind the front desk or fitness console.

**SOUTHWIND APPRECIATES YOUR ADHERENCE TO THE RULES AND REGULATIONS.
PLEASE HELP US MAINTAIN A HEALTHY AND SAFE ENVIRONMENT.**

WAIVER OF LIABILITY

I hereby agree to participate in the program(s) for which I am registered. I acknowledge that I am aware of Southwind Health and Wellness Center’s policy that participants who engage in physical activity should consult their physician for approval. I also acknowledge that I have read and answered the foregoing medical questionnaire truthfully and to the best of my knowledge. **I agree to absolve Southwind Health and Wellness Center and instructors of all liability for any accident, illness or loss arising from my participation in the exercise programs and hereby waive the right to claim damages or compensation for any such accident, illness or loss from Southwind Health and Wellness Center or instructors.**