

# 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](http://www.hr.duke.edu/fitness) or call 919-684-3136 and select option 1.**



Effective date: \_\_\_\_\_



## Duke Fitness Club Membership Agreement Wilson/Brodie Recreation Center (W/BRC)

### Please initial each below:

- \_\_\_\_\_ I agree to a 3-month contract with Wilson/Brodie Recreation Center 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 Wilson/Brodie Recreation Center front desk with each visit.

### 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* Other: \_\_\_\_\_

Fitness club membership category is Employee only.

Fitness club fee is \$15.83 a month.

Projected Club Start Date: \_\_\_\_\_

### How did you hear about the Duke Fitness Club at Wilson/Brodie Recreation 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

<u>ALL STAFF (PLEASE INITIAL)</u>	<u>FITNESS STAFF ONLY</u>
_____ Membership type selected	_____ Added to PR Report
_____ Amount pd to LFL \$ _____ Source _____ Pd Date _____	_____ Added to list serve
_____ Medical Clearance if applicable	_____ Entered into Duke Log
_____ Sent to Card Office	_____ Entered into Healthcalc

**Informed Consent for Exercise**

I desire to voluntarily participate in a W/BRC exercise and fitness program. I understand that exercise sessions may consist of both “aerobic” type activities, which use the large muscle groups in a rhythmical and repetitive manner for a sustained period, as well as muscle resistance type activities such as weight training. I understand that exercise at W/BRC is designed to be exertional, and that such physical exertion has the potential to improve functioning of the cardiovascular and skeletal systems, although specific guarantees of improvement cannot be made. I understand that certain physiological changes occur with exercise, some of which can pose health risks. Changes to expect include increases in blood pressure and heart rate. In rare cases, cardiac complications may occur. I agree to immediately report to a staff member any signs of physical distress or symptoms such as chest pain or unusual shortness of breath.

I agree to take personal responsibility for using proper footwear and clothing, always warming up and cooling down with each workout, asking for instructions from an instructor before using equipment, working at an exercise pace appropriate for my fitness level, and acting on adverse signs and symptoms. In consideration of my voluntary participation in WRC facilities and programs, I, for myself, my heirs, executors, administrators and assigns, hereby release and discharge W/BRC, LIVE FOR LIFE, Duke University and the Department of Athletics and their agents and employees from any and all demands, causes of action and claims for damages suffered by me as a result of my participation in above mentioned activities. I specifically release WRC, LIVE FOR LIFE, Duke University and the Department of Athletics, their employees and associates from all injuries or damages arising from or contributing to any physical impairment or defect I may have, whether latent or patent, and agree that W/BRC, LIVE FOR LIFE and Duke University and the Department of Athletics are under no obligation to provide physical examination or other evidence of my fitness, the same being my sole responsibility. Participation in all activities is completely voluntary and all participants are responsible for their own welfare. We strongly recommend that each participant have personal medical coverage. I certify that the information I have provided above is correct and I agree to abide by all rules and regulations governing recreational facilities.

I have read and understand all policies and procedures of W/BRC, and accept responsibility for abiding by all regulations and policies, which may from time to time be reasonably adopted. I understand my membership is activated once I complete these forms, have a medical clearance (if applicable) and pay my membership fees.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**Health History Questionnaire**

**Please complete the below. Please print clearly or type. All information will be kept confidential.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male or Female \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Primary Care Physician & Location \_\_\_\_\_

Primary Care Physician's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

List any Medications you are taking \_\_\_\_\_

**To ensure your safety during exercise, please answer the following questions regarding your health.**

1. Have you ever had any heart problems or abnormalities? (Please check all that apply)

- No known history     Heart Surgery     Angioplasty     Abnormal Heart Beat  
 Heart Murmur     Other Heart Conditions     Heart Attack

2. Do you smoke?  No     Yes

3. What is your cholesterol level? Level \_\_\_\_\_ Date \_\_\_\_\_ Unknown \_\_\_\_\_

4. Has a close relative (parent, sibling) had a heart attack before age 65?  No     Yes

5. Do you have muscle, bone, or joint problems that limit your physical activity in any way?  No     Yes

6. Do you have high blood pressure?  No     Yes

7. Are you diabetic?  No     Yes

8. Has a doctor ever diagnosed you with asthma?  No     Yes

9. Do you have any type of seizure disorder?  No     Yes

10. Do you have any type of health concern or problem that would limit or restrict your participation in exercise?  
 No     Yes

11. WOMEN ONLY: Are you currently pregnant?  No     Yes

**If you answered "Yes" to any of the above questions please provide further explanation:** *(attach another sheet if necessary?)* \_\_\_\_\_

**Authorization:** I authorize the release of information contained in my health history information maintained at the above listed physician's office to be shared with Wilson/Brodie Recreation Center staff in order to obtain clearance for me to exercise. Furthermore, I voluntarily authorize the release of information contained on this form to be sent to the above listed physician's office in order to obtain clearance for me to exercise.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*