

DATE: _____

Program Type

16-DIGIT ID:

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SilverSneakers(2300) Prime(0555)

Health Plan Provider: _____

First: _____ Preferred: _____ Middle Initial: _____

(Nickname)

Last Name: _____

Street: _____ City, State Zip: _____

(include Apt #s)

Primary

Phone: _____ Mobile: _____ Work: _____

Birthdate:

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Month

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Day

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Year

Gender: Male Female

Individual E-MAIL: _____

(Required for system entry)



Below is to be completed by Foothills Staff... CommunityPass Family ID _____

Front Desk Staff: Follow this enrollment Procedures/Checklist Staff Name: _____

Verification Processes

- Verify SilverSneakers® eligibility & print the 16-digit ID card from the SilverSneakers Tivity Health portal for file, write date, 16-digit ID & program type above
- Verify Enrollment Form contact info is legible, verify all with patron & ensure name matches SS 16-digit ID card
- Verify Waiver & Assumption of Risk Form is signed by patron & emergency contact given

CommunityPass (CP) Procedures: Look up patron by individual last name, etc. to avoid creating duplicate.

- Is Already in CP: Select individual-verify name, edit Discount Level to SilverSneakers, verify birthdate, gender, e-mail
- Is Not in CP: Add family: ask patron if they have user name preference– if not use last name (i.e. Smith) or first last (i.e. JaneSmith), enter family address, city, state, zip, primary phone, account type 'family account', enter primary contact first, last, primary e-mail (noemailcp@fhprd.org if patron doesn't have an e-mail account), mobile phone & birthdate. Select Finish.
- Sell patron SS Membership: Choose Cards, select SilverSneakers, check participant name, enter date, continue, checkout, enter 16-digit ID & select program type (SS ID starts with 2300 or Prime-ID starts with 0555), continue, uncheck send receipt, continue, create ID, take photo, save photo, done, scan ID card, close; edit individual: Select Discount Level SilverSneakers, add gender & Save.
- Go back into Front Desk, scan ID card, go to catalog & register patron for Senior Adult Program Orientation (if they choose), check patron into PreReg Fitness Class (or class/gym admission if working out)
- Give patron their ID Card, Schedules & Senior Adult Programs Trifold

MOD File Review Checklist Staff Member: _____

- Verify CommunityPass contact info enrollment form matches 16-digit ID, no typos in CommunityPass account
- Waiver & Assumption of Risk Form: Patron signed & emergency contact given
- CommunityPass – SilverSneakers Membership active, checked 16-digit & program type accuracy
- Discount Level Updated to SilverSneakers®



Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Tivity Health Services, LLC participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health™ Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Tivity Health participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number