

Activity Readiness Assessment

Please read and consider the following list of conditions. To protect your privacy, please **DO NOT WRITE** anything next to them:

- Chest pains while at rest and/or during exertion
- Previous heart attack
- High blood pressure
- Diabetes
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Previous hip or spinal fracture (as an adult)
- Shortness of breath after mild exertion, at rest, or in bed
- Open cuts on your feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- 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
- Lung disease
- More than two falls in the past year (no matter what the reason)
- More than one year since you have engaged in regular physical activity

1. Do you have any of the above conditions that your physician is not aware of?

Check One Yes No

2. Has your physician recommended any physical activity limitations?

Check One Yes No

Please sign that you understand the above questions and have completed this assessment. Ask your Senior Advisor if you have any questions or concerns.

Name (Please print): _____

Signature: _____ Today's date: _____

Note:

You may be asked to obtain a signed Release for Activity or a note from your health care provider allowing you to participate before starting the program. If you are not asked to obtain a release, you are cleared to begin a gradual program of regular exercise.



Physical Activity Waiver

I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with my participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death; and risks associated with the negligence of a SilverSneakers participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a SilverSneakers location (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 program, including, but not limited to, the negligence of a SilverSneakers participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a SilverSneakers location (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue a SilverSneakers instructor, a SilverSneakers participating location, any sponsoring organization, Healthways Health Support, LLC, Healthways, Inc., or any other organization providing or promoting classes, functions, programs, testing, or other activities that I participated in at a SilverSneakers location (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 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.

I have read, understand, had explained to me, and had the opportunity to ask questions concerning this waiver, release, 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 SilverSneakers participating location.

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number

Participating Location Name and Staff Signature

Date

Frequently Asked Questions

Who is the Senior Advisor, and what does he or she do?

Each participating SilverSneakers location has a trained Senior Advisor to answer all of your questions, assist you when you join the program, and make sure you feel comfortable and welcome. A Senior Advisor is an employee of the participating location and is available to answer your questions. Your Senior Advisor is excited to meet you!

What is the SilverSneakers[®] Fitness Program?

The SilverSneakers Fitness Program is offered in partnership with select health plans at no additional cost to Medicare-eligible members. Each member is entitled to a basic membership at a SilverSneakers participating location. The basic membership includes the SilverSneakers classes, other classes on your location's schedule, guidance from qualified instructors and Senior Advisors, social activities, and the use of amenities such as swimming pools, saunas, and whirlpools, if available.

The SilverSneakers Classes offer multi-level equipment based strength and conditioning exercises designed for Medicare-eligible individuals. The classes are easy on your joints and appropriate for individuals who exercise regularly as well as those new to exercise or who may not have exercised in years. The exercises are designed to improve your strength, flexibility and the ability to perform functional activities such as getting out of your car or lifting your grandchildren! The classes are offered at least two times per week and taught by caring, accredited instructors. It is never too late to start exercising. You can do this!

Is the membership in the program really available at no additional cost?

YES! There is no initiation or monthly fees for membership in this program. Your health care provider offers this service to you at no additional cost. However, if you request any services that are not included in a basic membership there may be an additional charge. For example, massages and tanning are almost always an extra cost and available only if you want to pay the additional fee.

What do I need to know about starting an exercise program?

Wear comfortable clothing and rubber-soled shoes (not black –soled). Check with your location for specific dress code information.

Have a water bottle with you during exercise and drink often.

Remember to listen to your body. It is okay if you need to slow down and rest.

Communicate to your instructor any questions or concerns you have about the class.

Frequently Asked Questions

What do I need to know before using the equipment?

Schedule your orientation with a staff member prior to operating or exercising on any equipment.

Review all directions and guidelines during the orientation and use caution at all times before, during, and following your workouts.

Treadmill safety example:

- Review the control panel. Locate the START button and the emergency STOP or OFF button.
- Stay alert. Keep your hands free for holding on and operating the controls.
- Be sure you are wearing proper fitness shoes and the laces are tied.
- Always exercise in the center of the belt within reach of the controls.
- Walk at a comfortable pace.
- Wait until the treadmill comes to a complete stop before you exit.

May I visit more than one SilverSneakers participating location?

YES! Once you join, you may attend classes or participate in any of the SilverSneakers Fitness Program contracted locations in the country. Your primary membership will be at the location where you originally joined. When you visit a different participating location you will need to present your health care provider member card and complete a SilverSneakers Guest Enrollment form. When you travel, simply visit our web site to locate a participating SilverSneakers location so you may continue to enjoy the program.

What if I already have a membership to a participating location?

If the location you currently belong to is part of the SilverSneakers Fitness Program network, your membership will be put on hold as long as you are enrolled in the SilverSneakers Fitness Program. If your site is NOT a member of the SilverSneakers Fitness Program network, you can switch to a participating location within the network but your membership will NOT be put on hold. In other words, you will be responsible for all previous arrangement between you and that location.

Do you have additional questions?

Don't wait . . . Ask your Senior Advisor, visit our web site at www.SilverSneakers.com, or call your healthcare provider's Member Services number.

Get Fit, Have Fun, and Make Friends!



Incident Report

Complete for all incidents and report immediately. Please print all information.

Date: _____ **Time of Incident:** _____ **Day of Week:** _____

Location: 4401 - Excl Fitness
6410 Hwy. 90 D, Milton, FL 32570

Injured Person Information	Hospital or First Aid Squad Notified
Name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____	Time of initial call: _____
Home Phone: _____	Time of follow-up calls: 1. _____ 2. _____ 3. _____
Work Phone: _____	Arrival Time: _____
Member's ID: _____	Departure Time: _____
	Hospital Name: _____
	First Aid Attendant Name: _____

Employee's Description and Information:

Check conditions that apply to the injured person:

- 1. Bleeding injury? Yes No
- 2. Other visible injury? Yes No
- 3. No visible injury, but complaint of pain? Yes No

Describe exact injury sustained: _____ Describe first aid administered at site: _____

Witness Information:

Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Description of incident by witness: _____	Description of incident by witness: _____
Signature: _____	Signature: _____



Guest Waiver

I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with my participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death; and risks associated with the negligence of a SilverSneakers participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a SilverSneakers location (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 program, including, but not limited to, the negligence of a SilverSneakers participating location and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at a SilverSneakers location (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue a SilverSneakers instructor, a SilverSneakers participating location, any sponsoring organization, Healthways Health Support, LLC, Healthways, Inc., or any other organization providing or promoting classes, functions, programs, testing, or other activities that I participated in at a SilverSneakers location (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 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.

I have read, understand, had explained to me, and had the opportunity to ask questions concerning this waiver, release, 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 SilverSneakers participating location.

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number

Participating Location Name and Staff Signature

Date

Cover Sheet

4401 - Excl Fitness



Month: _____

This form is to be completed and received at Healthways by the 5th of each month. Please indicate what you are including in this package by checking *None* or *Yes* and indicate the quantity of each item.

Getting to Know You	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Card Replacement Form	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Guest Enrollment Forms	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Sign-in Sheets	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Exercise Your Opinion	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Order Form	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____
Other: Please detail attachment	<input type="checkbox"/> None	<input type="checkbox"/> Yes	_____ _____ _____

This packet was prepared by:

Name () - **ext.**
Phone Number

Retain copies of everything being sent. We highly recommend using a shipping method where your package is given a tracking number such as Federal Express, DHL, or UPS.

Mailing Address:

Healthways Health Support
Attn: Data Administration
9245 South Farmer Ave., Suite 110
Tempe, AZ 85284
(800) 728-8492 ext. 299

Exercise Your Opinion



Dear Member,

Our number one goal is to provide you a great fitness program. We want you to enjoy your visits and feel comfortable with the participating location staff, equipment, and classes. Please share your comment and / or your suggestions about how we can improve.

I am:

- Impressed Beyond Belief
- Pleasantly Surprised
- Satisfied
- A Bit Annoyed
- Disappointed

Tell us why:

Name: _____

Date: _____

Address: _____

Phone: _____

Site: 4401 - Excl Fitness

Organization sponsoring your membership: _____

How long have you been participating in the SilverSneakers Fitness Program? _____

By signing this sheet, I give you permission to use my comments. _____

Card Replacement Form

4401 - Excl Fitness



When a member has lost his or her card or it stops working, provide the new card to the member. Write in the member's name and date of birth, and place the card's sticker below. This document must be sent to Healthways by the 5th of the month with the month-end information to ensure proper reporting.

Last Name, First Name	Birth Month/Day	Place Sticker Here	For HWAYS Use
S a m p l e , J o e	1 2 / 3 1	0300 0000 0000 0000	
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Sign-In Sheet

4401 – Excl Fitness



If a member has forgotten his or her swipe card or there is a problem with the tracking device, you must manually record the member's visit on this form. For problems with the tracking device that will last more than one day contact Healthways. Another method of tracking participation will be used in this case. This document must be sent to Healthways by the 5th of the month with the month-end reporting to ensure proper activity reporting.

Today's Date	Last Name, First Name	Birth Month/Day	For HWAYS Use																																				
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