



**REGIONAL THERAPY CENTER**  
A SERVICE OF SARATOGA HOSPITAL

**Health & Fitness Gym**  
6 Care Lane  
Saratoga Springs, NY 12866  
518-583-8383

**Member Name:** \_\_\_\_\_

- You Selected Option:** \_\_\_ Visit-by-Visit (You must purchase tickets in increments of ten, for a minimum purchase of \$40 at a time. Tickets are not refundable.)
- \_\_\_ One-time only - PREHAB exercise instruction: \$25 (no key fob or member #)
- \_\_\_ Month-To-Month - Auto-Pay with Credit Card: \$40
- \_\_\_ 6 mo: \$210 \_\_\_ 3 mo: \$110 End Date: \_\_\_\_\_

***Welcome!***

Thank you for considering membership in the **Regional Therapy Center (RTC) Health and Fitness Gym**. We hope you choose to join and make a commitment to your health and well-being. Our staff is committed to help you set and achieve attainable goals.

Inside this packet you will find the necessary paperwork to join. If you have completed a RTC rehabilitation program (Cardiac or Pulmonary Rehabilitation, or PT, OT or Speech) within the last 6 months, or if you are not sure you would be safe exercising, you must also have your doctor sign the After Therapy Club Clearance Form indicating that you do not need to be monitored or supervised while exercising. If you are participating in the “Pre-Habilitation Program” in preparation for upcoming surgery, your doctor must sign the Pre-Habilitation Program Clearance Form.

Please complete and return all forms to the Regional Therapy Center staff. Should you have any questions, please give us a call or stop in.

Also, please note, members must be 18 years or older.

***Required forms for membership are:***

- ✘ Member Information Form
- ✘ Membership Agreement & Payment Options Form
- ✘ Waiver of Liability

***Additional forms:***

- ✘ For Month-To-Month Auto-Pay Option Only: “Automatic Payment Request and Authorization Form” is required.
- ✘ For After Therapy Club & Pre-Habilitation Program Members Only: Physician Clearance Form.

***Thank you!***

**RTC Staff:** Give pages 1 & 2 to the member after processing the membership and accepting payment.

**Member Name:** \_\_\_\_\_

### **General Information and Rules**

- The RTC Health and Fitness Gym is open Monday – Friday, 8:30 am to 5:00 pm. The facility is always closed on: Thanksgiving, Christmas, New Years Day, Memorial Day, July 4<sup>th</sup>, and Labor Day. The facility may be closed at other times due to staffing limitations or weather conditions. Every effort will be made to notify members as soon as closure is necessary. In the event of inclement weather, members are advised to call the RTC to find out if the Gym will be open.
- The Saratoga Hospital Health and Fitness Gym is private property. Therefore, gym members are required conduct themselves in a manner consistent with the Saratoga Hospital caring standards of Mutual Respect, Ensuring Safety and Respecting Privacy. Behaviors that result in a general disruption of the therapeutic environment will not be tolerated. This includes but is not limited to: harassment or intimidation by words, gestures, body language or any other menacing behavior, and conduct or words that are inappropriate, threatening or offensive as determined by the Director of the Regional Therapy Center, Saratoga Hospital administration or the Director of Public Safety.
- Smoking and using electronic cigarettes are NOT prohibited.
- Firearms and weapons are not permitted on-site (please leave these items at home or in your vehicle).
- Taking pictures, or video and audio recording is not permitted unless it is only of yourself with no other gym members, patients, visitors or staff in the picture. Any gym member, patient, visitor or staff person who might be in the picture or video must provide prior and expressed written permission to have their picture taken, and/or video and/or audio recorded.
- The lockers do not have locks. Anything left in the locker room is left at your own risk. We advise you not to leave valuables unattended or unsecured. You are encouraged to bring your own lock. However, your belongings and lock must be removed after your workout.
- For your safety, members MUST scan their membership card when entering the gym. If your card is lost, please ask for a replacement.
- Hand sanitizer is available at the gym entrance and locker rooms. So everyone remains healthy, please use before and after using the Gym facilities.
- Wear clothes that you can exercise comfortably and safely.
- For your safety, sneakers are required to use equipment and to exercise. It is better not to wear your exercise sneakers outside the gym. If you do, your sneakers must be free of dirt, mud, salt and sand, and must be dry to exercise before entering the Gym.
- There are no shower facilities. However, if you need a towel (e.g., for personal hygiene or to wipe perspiration) you must bring your own towel. Towels are not provided for Health and Fitness Gym members. Linen and towels are provided for active therapy patients only.

- The staff of the Health and Fitness Gym will be happy to orient you to our facilities and equipment. For your safety and maximum benefit, ask a staff person if you are unfamiliar with the purpose, use or set-up of the equipment.
- Wipe off the machines after you use them with the disposable cleaning/disinfecting wipes provided.
- Advise a staff member anytime there is a problem with the equipment or facilities.
- Report any injuries that anywhere occur in the building.
- Phones are for staff use only. If you need a phone to arrange transportation or for an urgent matter, you must ask a staff person.
- Do not bring children to the Gym during your workout. This is for their safety. Visiting children must be accompanied and supervised by a responsible adult at all times, and they are not allowed to touch or use equipment.

**RTC Staff: Give pages 1 -3 to the member after processing the membership and accepting payment.**

### Member Information

Last Name	First Name	MI	Age	Date of Birth
Street address			City	State, Zip
Home Phone		Cell Phone		e-mail address
Emergency contact			Relationship to member	
Address			Phone(s)	

I would like to be a member of the Health and Fitness Gym. I was provided with a copy of the rules and responsibilities of membership and agree to abide by these rules and responsibilities.

Signature	Date
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\_\_\_\_\_  
RTC Staff Person

**Staff Use Only:** Key card issued: \_\_\_ Gym Member ID # \_\_\_\_\_ Entered into Gym Assistant: \_\_\_\_\_

After Therapy Club (ATC): Y N If yes, physician clearance is provided and dated: \_\_\_\_\_

Membership type: **Visit-by-Visit** \_\_\_ Must purchase in increments of ten, for a minimum purchase of \$40 at a time. (Tickets are not refundable.)

**Month-To-Month Option:** \_\_\_\$40.00 Auto-pay REQUIRED: Authorization Form completed, and dated: \_\_\_\_\_  
Initial prorated month fee for month-to-month options: \$\_\_\_\_\_

**Multi-Month Option:** \_\_\_3 mo (\$110) \_\_\_6 mo (\$210) Initial membership expiration date: \_\_\_\_\_

Initial payment method: Check # \_\_\_\_\_ SH Receipt # \_\_\_\_\_ (Check made out to: Saratoga Hospital)  
Cash SH Receipt # \_\_\_\_\_ Credit Card SH Receipt # \_\_\_\_\_

**Membership Agreement & Payment Options Form**

**Hours of Operation:** Monday – Friday, 8:30 to 5:00 pm, closed evenings and weekends. Also, always closed on Thanksgiving, Christmas, New Years Day, Memorial Day, July 4<sup>th</sup> and Labor Day. Management reserves the right to alter days and hours of operation.

**Membership Options (Select One):**

**Visit-By-Visit Option:** \$4.00 per visit. Must purchase tickets in increments of ten, for a minimum purchase of \$40 at a time. Tickets are not refundable.

\_\_\_ **After Therapy Club & Prehab:** Physician clearance generally required if last visit within 3 months.

\_\_\_ **Regular gym member**     \_\_\_ **One-time PREHAB VISIT: \$25.00**

**Six-Month option:** Unlimited gym visits. \$210 paid in full (\$35 per month), EXPIRES: \_\_\_\_\_

**Three-Month option:** Unlimited gym visits. \$110 paid in full (\$36.67 per month), EXPIRES: \_\_\_\_\_

**Month-To-Month Option:** Unlimited gym visits. \$40.00 per month

**Auto-Pay REQUIRED** by authorizing automatic credit card payment: Payment will be posted on the 25<sup>th</sup> of the month prior to the month payment is to be applied. Complete the “Automatic Payment Request and Authorization” form.

**The first month fee will be prorated as follows for Month-To-Month option:**

Day 1-7 = \$45, Day 8-14 = \$35, Day 15-21 = \$23, Day 22-27 = \$12, Day 28-31 = \$5

First month prorated fee: \$ \_\_\_\_\_

I understand that the Health and Fitness Gym does **NOT** offer refunds, suspension/freeze, or holds on memberships for any reason. I understand that the only exception is if I move my residence to a location more than twenty-five miles away from the RTC Health and Fitness Gym. In consideration of this, I have selected the option that is best for me. Further, I understand I am paying for access to the Health and Fitness Gym and I will be denied access to the facility if I am delinquent in paying the membership fees. Further, repayment of fees automatically renews this agreement. Annually, I will update my contact information.

Consumers right to cancellation. You may cancel this contract without any penalty or further obligation within three (3) days from the date below by providing a written notice of cancellation to be delivered in person or by certified United States mail within three (3) days of the date below.

\_\_\_\_\_  
Member Printed Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



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## Waiver of Liability

As a member of the Regional Therapy Center (RTC) Health and Fitness Gym, a service of Saratoga Hospital, and using its facilities and equipment, I agree that I am doing so at my own risk. Although exercise induced adverse health risk may be low, I understand that there remains an inherent serious risk to my health and well-being by participating in exercise or any physical activity. I further understand and acknowledge that the use of gym equipment and exercising at the RTC Health and Fitness Gym involves risk of personal injury, including, but not limited to, risk of musculoskeletal injury, heart attack, and respiratory distress.

With this knowledge, I expressly agree that all exercises and use of all equipment and facilities of the RTC Health and Fitness Gym shall be undertaken by myself at my sole risk and that Saratoga Hospital of Saratoga Springs, NY and its employees and agents shall not be liable for any claims, demands, injuries, damages, actions or causes of action what-so-ever to myself or my property arising out of, or connected with the use of, services or facilities of the RTC Health and Fitness Gym.

I hereby expressly forever release, discharge and hold harmless The Saratoga Hospital from all responsibility of such demands, claims, injuries, damages, actions, and causes of action.

I certify that, to the best of my knowledge, there is nothing preventing me from engaging in an unsupervised exercise or physical activity program.

\_\_\_\_\_  
 Member Printed Name

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness