

Welcome to the Well at Dell Fitness Center

Enrollment Procedures:

- Complete the enclosed membership forms and turn in to a Fitness Center staff member who will conduct your Fit Check.
- The Fit Check consists of a review of your health history, resting heart rate and blood pressure, height, weight, and a general orientation to the facility.
- Once you have been cleared for using the fitness center (medical clearance received by MD if necessary), you will be able to enjoy complete access to the fitness facility.

If you have any questions, please contact the Fitness Center at fitness_center@dell.com

RR2: 512-728-1717

PS3: 512-728-4949

TN: 615-795-6348

Hours of Operation:

- RR2 Monday - Friday 5:30 AM - 8:00 PM
 - Saturday 9:00 AM - 12:00 PM
- PS3 Monday - Friday 5:30 AM - 8:00 PM
- TN Monday - Friday 6:00 AM - 8:00 PM

Membership & Dues:

- Available to all Dell employees, Contractors and Dell Guests
- Membership dues are payroll deducted
 - \$ 7.50 a pay period for employees
 - \$ 16.25 per month for contractors

Services:

- FREE personalized exercise programs
- Equipment orientations
- Fitness assessments
- Personal training*
- Massage therapy*
- Towel service*
- Locker rental*

*extra fees apply

Features:

- Degreed health and fitness professionals
- State-of-the-art cardiovascular and strength equipment
- Group exercise studio

Equipment:

- Treadmills
- Cycles
- Rowing machines
- AMT machines
- Stair climbers
- Elliptical trainers
- Weight machines
- Free weights
- TRX suspension training equipment
- Kettlebells

Group Exercise:

- Full schedule offered Monday - Friday
- A variety of classes to fit all fitness levels

WELL AT DELL FITNESS CENTER REGISTRATION FORM

Screening procedures follow the guidelines of the American College of Sports Medicine. For your safety and protection, the MediFit Fitness Center staff requires completing the health questionnaire, physician clearance (if necessary), signing appropriate release forms, reviewing proper equipment use and reading and understanding fitness center policies and procedures. All medical information obtained by MediFit will be held by MediFit and will be treated as confidential.

Check one:

Round Rock

Parmer South

Tennessee

Last Name

First Name

Date of Birth

Current Age

Male

Female

Home Phone Number

Work Phone Number

E-mail Address

Work Dept.

Building/Floor

Dell Employee Badge Number

Sponsored Guest Badge Number

Contractor Badge Number

Home Address

City

State

Zip

Physician Name

Physician Phone Number

Physician Fax Number

Emergency Contact

Relationship

Emergency Contact Phone (H/W/C) Number

How did you hear about the Well *at* Dell Fitness Center?

New Hire Orientation

Web-Related

Coworker Referral

Poster or Informational Flyer

Previous Member

Referred By: _____

Promotional Event

Other: _____

Their E-mail: _____

WELL AT DELL FITNESS CENTER

INFORMED CONSENT AND RELEASE OF LIABILITY

With respect to my participation in the Well at Dell Fitness Center, being managed by MediFit Corporate Services, Inc. ("MediFit"), I understand that there may be health risks associated with activities requiring physical exertion, including but not limited to transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or death.

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in an exercise activity offered by the Fitness Center, and using equipment with knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician. I will review any physician-prescribed personal wellness program with my physician prior to my commencing exercise and will periodically review my status and program with my physician. It is further understood that the Fitness Center staff will not be monitoring my individual use of the Fitness Center or exercise equipment. I understand that the Fitness Center staff are not medical professionals and have received training in physical activity programming for healthy individuals who do not require exercise in a medically supervised environment.

If I experience dizziness, fainting, nausea, muscle cramping or any other symptoms while exercising, I will discontinue the activity, notify the Fitness Center staff, and consult my physician.

In consideration for being allowed to participate in the Fitness Center, I hereby agree to assume all risk of such exercise, and further agree to hold harmless MediFit, and its staff members from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims, that may result from any injury or death, accidental or otherwise, during, or arising in any way from the Fitness Center, except where such claims arise out of negligence or intentional acts of MediFit.

By using the facilities of Well at Dell Fitness Center, the Member expressly agrees that Well at Dell Fitness Center or its subsidiaries, affiliates, directors, employees, agents, successors, and assigns shall not be liable for any damages arising from personal injuries sustained by the Member in, on, or about the facilities, or as a result of Member's use of the facilities and the equipment therein. This includes the indoor health center, the aerobics facility and any exercise activities conducted outside the facility. By executing this agreement, Member assumes full responsibility for any injuries or damages that may occur to the Member in, on, or outside the facilities and further agrees that Well at Dell Fitness Center or its subsidiaries, affiliates, directors, employees, agents, successors, and assigns shall not be liable for any loss or theft of personal property. In assuming full responsibility for the risk of injuries, damages, or losses that may occur to the Member in, on, or outside the facilities, Member does hereby fully and forever release and discharge Well at Dell Fitness Center or its subsidiaries, affiliates, directors, employees, agents, successors, and assigns, from any and all claims, demands, damages, rights of action, or cause of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the Member's use or intended use of the said facilities and equipment thereof, including but not limited to any claim for negligence alleged against Well at Dell Fitness Center or its subsidiaries, affiliates, directors, employees, agents, successors, and assigns.

This informed Consent and Release of Liability shall be binding upon my heirs, spouse, or other next of kin, executor, administrators and assigns.

Participant Signature

Fitness Center Staff Signature

Participant Name (Print)

Fitness Center Staff Name (Print)

Date

Date

HEALTH INFORMATION QUESTIONNAIRE

For most people, physical activity should not pose any problems; however, some individuals should see their doctor prior to joining the fitness center. Answer all questions honestly. All information is kept confidential and will be used to design a safe exercise program for you.

History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

Other Health Issues

- You have diabetes.
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You take prescription medications that could limit your physical activity.
- You are pregnant.
- You have concerns about the safety of exercise.
- You have had major surgery or hospitalization that could limit your physical activity.
- You have another medical condition or physical limitation that could limit your physical activity.

Cardiovascular Risk Factors

- You are a man older than 45 years.
- You are a woman older than 55 years or you have had a hysterectomy or you are post menopausal.
- You smoke, or quit smoking within the past 6 months
- Your blood pressure is greater than 140/90 mm/Hg.
- You don't know your blood pressure.
- Your blood cholesterol is greater than 200 mg/dl.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (brother or father) or age 65 (sister or mother).
- You are physically inactive (i.e., you get less than 30 minutes of exercise on at least 3 days per week.)
- You are more than 20 lbs overweight.

If you
marked
two or
more of
the
above...

**You should consult your physician
before engaging in exercise.**

Staff Initial _____

Member Initial _____

If you marked one
or more of the

**You must obtain your physician's consent
prior to joining the Fitness Center. (Staff
will provide you with a physician's consent
form for you and your doctor to complete).**

I verify that I have answered all questions truthfully and to the best of my knowledge. I understand that my responses are not a substitute for a regular physician's examination. If I experience a change in my health status during the course of my membership, I will notify the Fitness Center staff immediately and provide updated information. If a change in health status indicates the need for a physician's consent, I will obtain this prior to my next exercise session at the Fitness Center.

Print Name: _____

Date: ____/____/____

Signature: _____

Staff Signature: _____

Date: ____/____/____

FACILITY POLICIES AND PROCEDURES

Your initials next to each box and signature at the end of this form indicate your understanding and agreement to abide by these policies as a member at the Fitness Center.

_____ **COMPUTER LOG-IN:**

Members are required to log-in on the computer upon entering the facility.

_____ **IDENTIFICATION BADGES:**

Allowing any other person other than you to utilize your issued identification badge to obtain entry to the fitness facility is prohibited. Violation of this policy will result in the immediate cancellation of membership.

_____ **CHANGE IN HEALTH STATUS:**

It is your responsibility to inform the staff of any change in your health. Certain medical conditions require modifications to your exercise program for your continued safety. If a change in health status indicates the need for a physician's consent, this must be obtained prior to your next exercise session at the Fitness Center. All health information is kept confidential.

_____ **DRESS CODE:**

It is important to maintain a professional, non-intimidating environment conducive to exercise. Open toe shoes, "thong" leotards, plastic sweat suits, cut-off shorts, midriff exposing shirts, and low cut tank tops are not appropriate attire and will not be permitted in the facility.

_____ **UN-APPROVED PERSONAL TRAINING:**

Under no circumstances is any member to train another member for compensation. For your safety, only individuals specifically approved and designated as personal trainers by MediFit may provide personal training.

_____ **SOLICITATION:**

Solicitation within the facility is strictly forbidden. This includes, but is not limited to, use of petitions, distributing or posting leaflets, notices, advertising, or leaving copies of leaflets or other papers in the facility.

_____ **PHOTOGRAPHY, TAPING, AND AUDIO RECORDING:**

No photography, videotaping, filming, or audio recording is permitted (including cell phones) within the fitness center facility without express written permission.

_____ **MEMBERSHIP CANCELLATION**

You are responsible for completing a cancellation form at any of the Well at Dell fitness centers. Refunds, whole or partial, for membership dues, locker rental, or towel service will not be given under any circumstances other than a Dell payroll processing error. It is your responsibility to confirm cancellation on your Dell paystub. Please note that it can take up to thirty (30) days to process your cancellation request.

I have reviewed and understand the policies stated above.

Name Print: _____ Date: ____/____/____

Signature: _____

FITNESS PROGRAM DESIGN

Name: _____

Date: _____

Age: _____

If you are interested in receiving a free fitness program to get you started please complete the following and turn it into the front desk to schedule your program orientation.

Are you currently exercising?

What does your current program consist of (cardio, strength, stretching, sports) how much and often?

What activities do you enjoy doing?

What are your fitness goals?

How much time and how many days can you realistically devote to exercise?

What (if any) injuries have you had in the past 6 months?

I would like to schedule a personal program orientation.

I am available: (please circle preferred day and time of availability)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Round Rock)
6-9am	6-9am	6-9am	6-9am	6-9am	9am-12pm
10am-1pm	10am-1pm	10am-1pm	10am-1pm	10am-1pm	
2-6pm	2-6pm	2-6pm	2-6pm	2-6pm	
6-8pm	6-8pm	6-8pm	6-8pm	6-8pm	