

# NEUROFITNESS FOUNDATION



[www.neurofitnessfoundation.org](http://www.neurofitnessfoundation.org)



1361 W. Eules Blvd #101  
Eules, TX 76040  
Voice: 817-571-1323 FAX: 817-510-3994

Dear Prospective Member,

You are not alone.

Neuro Fitness Foundation (NFF) exists to help neurologically impaired individuals get healthy, stay healthy and improve their quality of life. Chances are, you have survived a devastating accident or medical incident or have been diagnosed with a neurological disease or even have a rare neurological disorder. Spinal Cord Injury, Multiple Sclerosis, Stroke, Polio, Spina Bifida and other neurological conditions require extra efforts to stay healthy and work toward independence. You must remain active and healthy, and that's where we can help you.

NFF provides many different types and kinds of specialized exercise equipment for strength and cardiovascular training and a fitness director with volunteers to assist you as you exercise. Through your regular participation, you'll enjoy opportunities to improve your physical strength and endurance. In addition, you'll meet similar Members who are kind, helpful and supportive of your fitness goals and who can share mental support and encouragement for an enjoyable experience.

Whether your disorder is caused by an accident or medical condition, rehabilitation and short-term therapy are often insufficient to restore or improve your functionality and mobility to its new capacity. Through NFF, you can help improve yourself, your attitude and your life.

This PACKET includes Member Information and a Member Survey that must be completed prior to your activity. To get started, we need the release from your physician. Download the Physician Release form and have your doctor sign and fax our release form to Neuro Fitness Foundation, FAX 817-510-3994. Then contact me to make an appointment for a free site visit and consultation. Complete the other pages to BRING WITH YOU to our facility. Please don't provide us with personal medical information as we do not need it. I will personally review your information and help you establish your personal fitness program.

I look forward to working with you at the Neuro Fitness Foundation.

Sincerely,

Shelby Lauderdale, Fitness Director



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**Member Information**

Name  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_

Billing  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Neurological Condition \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Referred By \_\_\_\_\_ Previous Place of Rehab \_\_\_\_\_

NFF notifies our Members from time to time on updates, closings, and general information. Please enter your phone number and sign to consent. Receipt of cellular phone text messages may be subject to service provider charges.

Cell Phone # \_\_\_\_\_ Consent Signature \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about NFF?  
\_\_\_\_\_

Personal Fitness Goals:  
\_\_\_\_\_  
\_\_\_\_\_



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## I. Membership Agreement/ Release of Liability

\_\_\_\_\_ (“Member”) hereby acknowledges to Neuro Fitness Foundation (NFF)’s NeuroFit Gym (“Gym”) and its employees, agents, independent contractors, Board of Directors, and affiliates that the exercise and physical activity opportunities (all together, “Gym Activities”) allow the Member to engage in various exercise and physical activities potentially beneficial to the fitness, health and well-being of the Member. The Member also hereby acknowledges to the Gym that the Member recognizes that there are inherent risks of various physical and mental conditions, illnesses, and injuries associated with engaging in any exercise or physical activities such as the Gym Activities are unsupervised, including without limitation, the use of many of the various exercise machines and equipment in the Gym, and the access to use any areas of the Gym.


Accordingly, the Member hereby (a) consents to voluntarily engage in much of the Gym Activities as the Member may elect to engage in, from time to time, whether supervised or unsupervised, (b) consents to use the Gym at the sole risk of the Member and with full knowledge of any and all risks associated with access to or the use of the Gym or a participation in any of the Gym Activities, and (c) assumes the full responsibility for any and all risks of bodily injury, illness, property damage, or other damage suffered by the Member resulting from access to or the use of the Gym or a participation in any of the Gym Activities. Further, the Member hereby (a) releases, waives and forever discharges, any covenants known or unknown, on account of, arising from, or relating in any way to any bodily injury, illness, conditions, property in any of the Gym Activities, and (b) hereby agrees to indemnify and hold the Gym harmless from and against any and all loss, cost, expense, damage, or claims, of whatever kind, character, or descriptions, resulting, in whole or in part, from access to or the use of the Gym or a participation in any of the Gym Activities. In the event of any sudden illness or injury, NFF has permission to administer the necessary medical emergency treatment and/or call the appropriate emergency agency for assistance at no liability to the Foundation.

### **I HAVE READ AND UNDERSTAND THE NFF'S MEMBERSHIP AGREEMENT AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES SET FORTH.**

By my signature below and of my free will, I do hereby agree to indemnify, save, and hold harmless the NFF, the Gym and its employees, agents, independent contractors, Board of Directors, and affiliates all claims or demands, costs or expenses arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

**Print Name** \_\_\_\_\_

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

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## II. Membership/Payment Policies

	Membership	Enrollment Fee	Gym Fee
	Individual + 1 Caregiver	\$49	\$36

### Enrollment Fee

- An enrollment fee is a one-time fee paid when you purchase your membership. This fee will help with facility's maintenance and improvements.
- Current members are exempt from this fee if the membership is renewed within 60 days of the cancellation date.

### Electronic Funds Transfer (EFT) Payment Plan

- An initial down payment (Enrollment fee + first month's dues) is due prior to using the Gym.
- You authorize NFF and your bank or credit card company to automatically debit your account.
- Bank drafts are continuous every month, regardless of use of the Gym. If for any reason your bank or credit card draft is returned, a \$25 service fee will be added for each returned transaction. NFF is not responsible for any collection fees assessed by individual banking/credit card centers. Membership will be suspended until account is in current status.

### Other Payment Plans

- Cash, check or credit cards are accepted. You may choose to make a six-month or an annual payment.
- A minimum of three-month pre-paid membership payment is required if EFT payment plan is not selected.
- The membership must be renewed within 30 days of expiring to avoid paying an enrollment fee.

Initial \_\_\_\_\_



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### **Adjusting or Canceling Your Membership**

- There is no contract. A member may cancel membership at any time. You may cancel your monthly debit by giving the Gym a 30-day notice in writing.
- Bank draft membership cancellations must be submitted **IN PERSON** to the Gym 30 DAYS PRIOR TO THE NEXT BANK DRAFT DATE. Failure to do so will result in that month's draft being non-refundable.
- To ensure immediate changes to your membership account, please submit the appropriate form for all requests at least 14 DAYS prior to the date of your next draft. Failure to do so will result in the changes not being effective until the following draft date.

### **Membership Hold**

- Members may temporarily suspend their membership for up to 3 months during the course of the year for medical reasons or extended travel. Other extenuating circumstances must be approved by an authorized staff member. A Hold form must be completed at least 30 days in advance of the requested hold date.

Initial \_\_\_\_\_

### **Other Policies**

- Your membership will remain active until you submit a written termination notice.
- After two (2) unpaid drafts/months, NFF will immediately terminate your membership until all payments are up to date.
- Membership dues are subject to change with a 30-day notice to members.
- You must scan your membership card at the door prior entering the Gym or you will not be granted entrance. If you do not have your membership card, a valid form of identification with picture and date of birth is required to enter. A \$5 fee will be charged for each replacement/lost membership card.

Initial \_\_\_\_\_



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### III. Financial Information

I authorize my bank to honor pre-authorized drafts drawn by NFF for membership payments and/or contributions. It is understood that my draft membership will be continuous until after written notification has been received by NFF. When the bank honors the draft by charging my account, such drafts constitute my receipt of the payment. If your draft is returned, it will be collected electronically and your account will be charged for the amount of the draft plus a collection fee of \$25.00. If the draft is unable to be collected, it is understood that payment is to be made by me in the amount of said payment plus service charge prior to returning to the facility.

Initial\_\_\_\_\_

### IV. Photo/Video Release

I hereby give NFF consent to record, videotape, and/or photograph my image and/or voice captured at NFF activities and functions to be used for promotional, publications, training, educational, social media site, and archival purposes. I further understand that no special compensation or any other consideration will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.


Initial\_\_\_\_\_

### **I HAVE READ AND UNDERSTAND THE NFF'S MEMBERSHIP POLICIES AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES SET FORTH.**

By my signature below and of my free will, I do hereby agree to indemnify, save, and hold harmless the NFF, the Gym and its employees, agents, independent contractors, Board of Directors, and affiliates all claims or demands, costs or expenses arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.

Print Name\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

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**Physician's Release Form**

Physician: \_\_\_\_\_ Name of Facility \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

APPROVAL IS REQUESTED FOR (YOUR PATIENT):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:     Male         Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The above named individual requests your permission to participate in a fitness program at the Neuro Fitness Foundation's NeuroFit Gym. Written physician approval must be obtained prior to beginning the exercise program and at the time of any changes in medical or health status. The fitness program is supervised by an exercise specialist, but it is NOT medically supervised.

**Physician: Please complete this box**

1. The above named individual (MAY) or (MAY NOT) participate in the above named program.
2. Restrictions and/or recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the completed form to patient to bring in or FAX to: **Neuro Fitness Foundation, FAX: 817-510-3994**