LiveWell
Empower • Educate • Engage
Employee Wellness & Fitness Center

Employee & Retiree Member Registration

FACILITY HOURS:

Monday—Friday: 5am—7pm
Closed on weekends and ALL Fairfax County Government Holidays
Fitness Director: Chuck Wright

GYM RATES

Membership Type	Fitness room and locker room use ONLY	Unlimited classes, fitness room, and locker room use
One Month (Employees & Retirees)	$10	$19
Three Months (Employees & Retirees)	$27	$54
One Month (Contractors)		$20
Three Months (Contractors)		$60
Locker room use ONLY	$5	
Daily Drop-In Fee	$3	

Name (Last, First) _____

Home/Cell # _____ Work # _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Department _____

Email Address _____

Emergency Contact _____ Phone # _____ Relationship _____

Fairfax County Picture ID is required for new enrollment

Questions or more information about EFWC: 703-324-5590 ADA Accommodations: 703-324-3311

EFWC Membership Policy

Open to all employees & retirees of Fairfax County Government and FCPS
Members of the EFWC may choose one person over 18 years of age who lives in the same household as them to join the EFWC. For more information, please inquire at the front desk.

The Employee Fitness & Wellness Center do not accept **cash** or **American Express** payments.

Membership and drop-in fees can be paid by credit or debit card or check. **No REFUNDS will be issued**.

Payments are due in a timely manner. If you have forgotten your payment the day it is due, payment is expected upon your next visit. **Accounts cannot be frozen for any reason other than medical.**

Thank you for your cooperation and valued membership.

By signing below, I affirm that I have read and understand the above statements and hereby agree to the terms and conditions stated above.

_____

Signature

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Exercise Program Informed Consent

I, _____, acknowledge that entering into an exercise program is designed to improve my personal fitness. I understand that in undertaking this exercise program made available through the Fairfax County Employee Fitness and Wellness Center (hereafter known as "EFWC"), some risk may be involved and I fully assume that risk.

I understand and am aware that strength and aerobic exercise are potentially hazardous activity. I further understand that fitness activities may involve a risk of musculoskeletal injury and even death. I am voluntarily participating these activities using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I further acknowledge gym activity entirely voluntary event and any medical issues which may arise from it will not be considered work related.

I do hereby declare myself physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent my safe participation or use of equipment except hereinafter stated.

I understand that any fitness evaluation performed by Fairfax County EFWC personnel is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my exercise program. I have been informed of the need for a physician's approval for my participation in exercise-related activity, and the use of fitness room equipment.

I have read and understand this form in its entirety and do hereby waive, release, and forever discharge Fairfax County Government, the EFWC, and its officers, agents, employees and representatives, executors, and all others from any responsibilities or liabilities from injuries or damage resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities.

_____	_____	_____
Employee's Printed Name	Employee's Signature	Date

_____	_____	_____
Witness (LiveWell Staff) Printed Name	Witness Signature	Date

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Short Health History Questionnaire

Please complete the following prior to beginning your exercise program and in ink only.

Please answer the following questions:	**YES**	**NO**
Date of last physical: _____		
Are you over 65 and NOT accustomed to vigorous exercise?	_____	_____
Do you frequently have pain in your chest?	_____	_____
Do you often feel faint or have spells of severe dizziness?	_____	_____
Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise?	_____	_____
Has your doctor ever said that you have heart trouble?	_____	_____
Is there a good physical reason, not mentioned here, as to why you should not follow an activity program, even if you wanted to?	_____	_____

Please be advised that a YES answer to any of the above questions may prevent us from developing an exercise program for you without a completed physician's medical clearance. The Fitness Director will let you know if a medical clearance is necessary.

Please select ALL known health conditions:

____Chest Discomfort
____Coronary Bypass
____Current Heart Murmur
____Skipped/Rapid Heartbeat
____Heart Attack
____High Blood Pressure
____High Cholesterol
____Low Blood Pressure
____Peripheral Vascular Disease
____Phlebitis or Emboli
____Rheumatic Fever
____Stroke
____Ankle Swelling
____Back Problems
____Broken Bones (recent)
____Foot Problems
____Fibromyalgia

____Chronic Cough
____Emphysema
____Joint Replacement
____Knee Problems
____Limited Joint ROM
____Lupus
____Neck Problems
____Osteoarthritis
____Osteoporosis
____Rheumatoid Arthritis
____Shoulder Problems
____Swollen, sore, or painful joints
____Allergies
____Asthma
____Bronchitis
____Pneumonia
____Pulmonary Edema

____Anemia
____Depression
____Diabetes
____Epilepsy or Seizures
____Parkinson's
____Previous Heat Stroke
____Pregnancy
____Thyroid Problems
____Vision Impairment
____Cataracts
____Other (please specify):
____ _____
____ _____
____ _____

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