

The Bandeen Center

# Membership Form

## 1. WHAT MEMBERSHIP WOULD YOU LIKE TO PURCHASE?

- Monthly | \$220 per month | Auto renews each month
- Annual | \$2000 per year | Auto renews each year

*If you are interested in learning more about financial aid available for membership, please contact us at  
Info@parkinsonswf.org*

## 2. TELL US ABOUT YOURSELF

DOB: \_\_\_\_\_

First & last name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_

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

Street

City

State

Zip Code

Emergency contact: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Name

Relationship

Phone #

*\*This will be the email you use to sign into MindBody and book your classes*

## 3. BILLING INFORMATION

Cardholder Name \_\_\_\_\_

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

Address

City

State

Zip Code

Credit Card Info \_\_\_\_\_

Credit Card Number

CC Type

Expiration Date

### NEXT:

Please agree to the membership terms, sign the waiver, and complete medical clearance form. NOTE: this must be completed by your primary care doctor.

# Membership Agreement

## **Pauses + Cancellations:**

**The Membership auto renews annually and is subject to our pause/cancellation policy (see below). Members must request 14 days before their next billing date to pause or cancel.** You have up to 2 membership pauses per year, with a minimum of 14 days and a maximum of 6 months pause time in total.

**CONSUMER RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THIS DATE.** All money paid pursuant to this contract shall be refunded within ten business days of receipt of such notice of cancellation. If you have executed any credit or loan agreement to pay for all or part of our services, any such negotiable instrument executed by you shall also be returned within ten business days.

After such three business day period for cancellation, your estate may cancel this contract if you die. You may also cancel after three business days if you become significantly physically disabled for a period in excess of three months, or if you move your residence to a location more than 25 miles from a health club operated by us, or after the services are no longer available or substantially available as provided in this contract because of our permanent discontinuance of operation or substantial change in operation.

- if upon a doctor's order, you cannot physically receive the services because of significant physical disability for a period in excess of three months.
- if you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing.
- if you move your residence more than 25 miles from any health club operated by us.
- if services cease to be offered as stated in this contract.

We shall accept cancellation of a membership by you or your estate, no later than three business days after receiving notice of the cancellation.

## **Attendance Policies:**

We adhere to our policies, but we understand that things come up and life can be unpredictable. You can make a cancellation through the Mindbody App, or by phone or email.

- **Cancellation:** If you cannot attend class, please cancel online, in the Mindbody app, or notify us by phone. Our classes have a limited capacity, and timely cancellation helps us accommodate other members.
- **Early Termination:** If you should need to cancel your annual membership early for medical reasons, please notify The Bandeen Center as soon as possible. We understand that health circumstances can change, and we are committed to supporting you through those transitions. Because of our status as a nonprofit organization, any eligible refund for an early termination will be based on number of used months and calculated using our standard monthly membership rate.
- **Late Arrivals:** If you are running late, please notify The Bandeen Center by phone, once class has started we can let members in up until the warmup has ended. For everyone's safety, members who arrive after the warmup has ended will not be admitted into class, but can see the front desk who will offer alternative activity options.
- **Studio Access Rules:** All class participants must have a signed waiver, a Mindbody account, a credit card on file, and medical clearance for physical activity from their doctor and proof of their Parkinson's or approved related diagnosis. Members may only take classes with their own name on the reservation. Please wear gym appropriate attire and footwear.
- **Care Partner Participation:** Care partners are welcome at The Bandeen Center and are encouraged to participate in class if capacity allows and take advantage of our cafe.

\*\*As an **Annual Member**, your membership will auto renew 1 year after the activation date for an additional year, unless cancelled. We shall accept cancellation of renewal of a membership, by you or your estate, provided such request is made within fifteen business days after such renewal takes effect.

\*\*As a **Monthly Member**, your membership will auto renew 1 month after the activation date for an additional month, unless cancelled.

We reserve the right to update policies at any time, as needed. Members will be notified via email of any policy changes.

**I agree to the membership terms & conditions.**

# Liability Waiver

## PARTICIPANT WAIVER AND RELEASE OF LIABILITY

### PLEASE READ CAREFULLY BEFORE SIGNING

This Waiver and Release of Liability ("Waiver") is entered into by the undersigned participant ("Participant") in favor of Parkinson's Wellness Foundation, and its directors, employees, volunteers, affiliates, sponsors, student interns, and representatives (collectively, the "Foundation"). For the purposes of this Waiver, the term "Classes" refers to all group fitness classes, wellness classes, exercise programs, physical activities, educational and community events, demonstrations, and related services provided by or through the Foundation, whether held in person or virtually, indoors or outdoors.

**Acknowledgement of Risks:** I am aware and fully understand that participation in the Classes may involve risks, including but not limited to physical exertion, falls, injuries, illness, or, in rare cases, death. I understand that these risks may be heightened due to any health conditions, including Parkinson's disease, that I may have. I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation.

**Voluntary Participation:** I acknowledge that I am voluntarily participating in the Classes offered by the Foundation with knowledge of the danger involved and hereby agree to accept and assume all risks of injury, death, or property damage, whether caused by the negligence of the Foundation or otherwise.

**Assumption of Risk and Self-Certification:** I understand and voluntarily assume all risks associated with participation in the Classes, including those that may be known or unknown, anticipated or unanticipated. I certify that I am physically able to participate in the Classes, have sufficiently prepared or trained to do so, have received medical clearance from my healthcare provider to participate in group exercise activities, and have not been advised by a qualified medical professional to refrain from such participation. I further certify that I am not aware of any medical condition or health concern that would prevent or limit my self involvement in the Classes.

**Release and Hold Harmless:** In consideration of being permitted to participate, I hereby release, waive, and hold harmless the Foundation from any and all liability, claims, demands, losses, damages, or causes of action, including attorneys' fees (collectively, "Claims"), arising out of or in any way related to the Classes and any injury, illness, damage, or death that may occur during or as a result of my participation in the Classes, including but not limited to any Claims based on the negligence of the Foundation. I agree to indemnify and hold harmless the Foundation from any and all Claims arising out of my participation or conduct in connection with the Classes.

**Compliance with Safety Procedures:** I agree to follow all safety instructions, guidelines, and directions provided by the Foundation and its representatives. I understand that failure to follow these procedures may increase the risk of injury and may result in removal from participation in the Classes.

**Emergency Treatment Consent:** In the event of an emergency, I consent to receive appropriate medical care as determined by emergency personnel. I understand that there are no emergency facilities on site, and in the event of a health related emergency, 911 will be called. I understand that I am responsible for all costs associated with such medical care.

**Voluntary Acknowledgement and Signature:** I HAVE READ THIS WAIVER CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT VOLUNTARILY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO BRING CLAIMS AGAINST THE FOUNDATION.

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Physician Approval Form

TO BE COMPLETED BY YOUR PRIMARY CARE PROVIDER

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Your patient, \_\_\_\_\_, DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ would like to participate in The Bandeen Center group programs designed for people with Parkinson's Disease. Their participation is contingent on: (a) their Parkinson's Disease or related diagnosis (see below), and (b) their ability to safely participate in physical activities offered at The Bandeen Center. Please see our website for the most current descriptions.

## (a) DIAGNOSIS

Please select the appropriate statements below concerning this patient:

- The patient has been diagnosed with an accepted diagnosis
- The patient has not been diagnosed with an accepted diagnosis

Accepted diagnosis include:

- Parkinson's Disease
- Corticobasal Degeneration
- Dementia with Lewy Bodies
- Multiple System Atrophy
- Progressive Supranuclear Palsy
- Vascular Parkinsonism

## (b) EXERCISE CLEARANCE

Please check one of the following:

- Patient is cleared for full participation.
- Patient is cleared with the following restrictions or modifications (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Thank You for Becoming a Member of The Bandeen Center!

## Next Step: Class Assessment

Before you book your first class, please scan the QR code below and take our online assessment to find out what level class is best suited for you.



Remember that you know yourself best, so while the assessment will provide you with your recommended class level, always book the class that feels most comfortable for you and your body. Feel free to give us a call if you have any questions!