





Alzheimer's Institute

**Banner Neuro Wellness  
Membership Packet**

**Answer these to the best of your ability:**

Hypertension: YES \_\_\_\_\_ NO \_\_\_\_\_ Hypotension: YES \_\_\_\_\_ NO \_\_\_\_\_

High Cholesterol: YES \_\_\_\_\_ NO \_\_\_\_\_

Obesity: Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

**Other medical problems:**

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**MAJOR SIGNS OR SYMPTOMS**

Do you have any of the following? (Check all that apply)

<input type="checkbox"/>	Pain, discomfort (or other angina equivalent) in the chest, neck, jaw, arms, or other areas that may be due to ischemia
<input type="checkbox"/>	Shortness of breath at rest or with mild exertion
<input type="checkbox"/>	Dizziness or syncope
<input type="checkbox"/>	Orthopnea or paroxysmal nocturnal dyspnea (discomfort breathing while lying flat or shortness of breath sleeping)
<input type="checkbox"/>	Ankle edema
<input type="checkbox"/>	Palpitations or tachycardia
<input type="checkbox"/>	Intermittent claudication (pain commonly in legs, caused by too little blood flow, usually during exercise)
<input type="checkbox"/>	Known heart murmur
<input type="checkbox"/>	Unusual fatigue or shortness of breath with usual activities

**Comments:**

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*I understand that the staff member conducting this evaluation does not diagnose illness, disease or other physical/mental disorders and nothing communicated in classes/attendance shall be constructed as such. I understand that Banner Neuro Wellness is **not** a substitute for medical care and that it is my responsibility to let the movement teachers and staff know of any medical conditions I may have. I hereby release the movement teachers and/or staff of any responsibility for injury resulting from any medical condition.*

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

**Comments (staff only):**

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**FAMILY HISTORY**

Do you have a family history of? (circle one)

Myocardial infarction (heart attack)	Yes	No
Coronary revascularization (procedure used to treat coronary artery disease)	Yes	No
Sudden death before 55 years of age in father or other male first-degree relative (brother, son)	Yes	No
Sudden death before 65 years of age in mother or other female first-degree relative (sister, daughter)	Yes	No

**SOCIAL HISTORY**

Cigarette Smoking	Are you a cigarette smoker or have you quit within the previous 6 months?	Yes	No
Sedentary Lifestyle	Do you participate in a regular exercise program or meet the minimal physical activity recommendations from the U.S. Surgeon General's Report? (30 minutes of moderate physical activity, such as a brisk walk, on most, if not all, days)	Yes	No

**PAR-Q**

(circle one)

1. Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?	Yes	No
2. Do you feel pain in your chest when you do physical activity?	Yes	No
3. In the past month, have you had chest pain when you were not doing physical activity?	Yes	No
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	Yes	No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Yes	No
7. Do you know of any other reason why you should not do physical activity?	Yes	No

**If you answered YES to one or more questions:**

Talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

**If you answered NO to all questions:**

You can be reasonably sure that you can start becoming more physically active beginning slowly and building up gradually. You may also take part in a fitness appraisal.

I have discussed the previous information with the staff member conducting this evaluation and understand that I should always consult my physician before becoming more physically active.

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

Assisting w/form: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

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**MEMBERSHIP AGREEMENT**

- Banner Neuro Wellness does **not** provide Physical Therapy and should not be used to replace physician ordered therapy services.
- Each new/re-enrolling member must make an appointment for a one-on-one consultation and evaluation with one of our staff members. There will be a **\$40 individual consultation fee** (or **\$60** if the care partner is also assessed to participate in classes) that will be charged at the time of the consultation.
- Membership and class availability are limited. Therefore, if a member discontinues enrollment, re-enrollment is not guaranteed. If membership is discontinued for equal to or greater than 3-months or if disenrollment is due to a medical event that has kept member inactive for an extended period, the member will need to receive a consultation to renew membership. This will result in an additional **\$40** consultation fee.
- Monthly *single* membership fees: *Basic membership: \$50.00.*
- **\$15 additional fee** per monthly membership if care partner is participating in classes.
  - Fees due on the *1<sup>st</sup>* of the month. Payment methods: credit card/check/cash.
- Members of Banner Neuro Wellness will be on a month-to-month membership.

**\*BNW does not refund members for classes not attended.**

- I give **permission** to Banner Neuro Wellness to contact and communicate with my **physician/neurologist regarding my progress** to support the continuum of care:

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

- A fitness assessment will be conducted upon registration. This will determine the proper fitness modality for each individual member prior to beginning exercise. You will be told which classes you can choose from. Class size is limited. Therefore, members are required to sign-up for participation beforehand.
- Banner Neuro Wellness **may** require a physician's prescription (physician's written release), to return to the program if a member; has **been "inactive" from our fitness classes for 30 or more consecutive days, has surgery, or is hospitalized for one or more nights.**
- In addition, some *specialty or elective activities may have a materials or participation fee if the member chooses to attend. These special sessions will have a sign-up sheet and members can pay per session for participation.*
- At any point in time a member becomes unsafe and/or has increased cognitive challenges/deficits, the member must be escorted to, from and in-between classes by an adult family member or designated caregiver.
- Banner Neuro Wellness has the right to terminate membership of an individual for any reason up to and including suspicion that the individual may be unsafe to himself/herself or to others in the center activities.
- Banner Neuro Wellness is not responsible for any lost or stolen personal property. A storage shelf/cubby is provided to keep personal belongings during classes.
- Members must wear proper fitness attire for exercise sessions. This includes loose fitting clothing or exercise wear that doesn't restrict movement *and closed-toe gym shoes with socks (no leather-style casual/dress shoes or sandals) ("Shape-up" style shoes are prohibited).*



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- A water fountain and a water refill station are on-site outside of the classroom. Any water that a member brings or has been provided must remain in the designated areas as stated by the staff. All drinks must have a closeable cap. Only water is allowed during fitness activities in the gym area.

*I have read the preceding membership agreement on pages 4-5; I understand and agree with the membership agreement:*

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

I, \_\_\_\_\_ acknowledge and understand that **Banner Health strongly recommends full COVID-19 vaccination prior to participation.**

By signing this waiver, I acknowledge and agree to **wear a face mask** while on the BAI-Tucson campus and while participating in all exercise and wellness classes.

Signature \_\_\_\_\_

**AUTHORIZATION**

**ALL PHOTO/VIDEO AND RELATED MATERIALS**

I agree \_\_\_\_\_  
or I do not agree \_\_\_\_\_

that my participation in any photos taken or audio-visual recordings made by the staff of Banner Neuro Wellness, or any person(s) assisting them, may be used for brochures or other printed materials, TV broadcasts, and social media sites such as Facebook.

If I agree, I may revoke this authorization at any time by notifying a BNW staff person. I understand and agree that only future photos/videos are affected by my revocation.

My participation in any BNW classes or events will not be affected if I do not agree to the above discussed authorization or if I choose to revoke any previously authorized action.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_



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**WAIVER, RELEASE, AND ASSUMPTION OF RISK**

I, \_\_\_\_\_, have volunteered to participate in a fitness program provided to me by Banner Health which may include, but may not be limited to, flexibility training, resistance training and aerobic or cardiovascular exercise. In consideration of Banner Health's agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Banner Health and its respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO BANNER HEALTH OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, \_\_\_\_\_, have been informed of, understand and am aware that any exercise program, whether requiring the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept all risks of injury, regardless of severity, or death.

I have been advised that an examination by and medical clearance from a physician should be obtained prior to commencing a fitness and/or exercise program or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's clearance prior to beginning this fitness program with Banner Health, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risk associated with all fitness related activities and/or exercises in which I participate. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST BANNER HEALTH, FOR INCLUDING NEGLIGENCE OF BANNER HEALTH EMPLOYEES, VOLUNTEERS, AGENTS, OR CONTRACTORS.

*This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.*

Participant's Name (Please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please circle 'Yes' or 'No' for the following questions:**

*For activity to be regular, it must add up to a total of 30 or more minutes per day and be done at least 5 days per week. For example, you could take one 30-minute walk or three 10-minute walks each day.*

I currently engage in regular physical activity.

Yes	No
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I have been regularly physically active for the past 6 months.

Yes	No
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I intend to become more physically active in the next 6 months.

Yes	No
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**What do you expect to gain from participating in this Wellness program?**

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**Do you attend any other Fitness Classes?**

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**Are you in any health/medication related Studies?**

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