

McLaren Print System Order

Order No: 17510
 Order Date: 2016-03-08
 User: Tracy Hawk
 Phone: 810-342-4917

Ship Location: McLaren Flint /2N Attn: Tracy Hawk
 401 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 35010
 Dept Name: Heart & Vascular
 Company Number: 60

Order Total Price: 90.00

Item Number: M-49
 Item Description: McHealthy Membership Application
 Revision Date: 12/2014
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 32 lb color copy; DS; no bleed

Submit Application (with fee)
 ... Turn in at Office of HR / HR Center
 4000 West Side Blvd 2nd Fl
 ... For full info to 810-342-4917
 ... Email HR at hr@mcclaren.org

Membership Application

Employee Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Phone (at) _____ (h) _____ Badge Number: _____
 Emergency Contact: _____ Work Unit: _____
 Phone: _____ Relationship: _____

Type of Membership (check all that pertain to you)

Employee / Student: Fitness (Free) Classes (Free)
 Employee / Student / Family: Individual Monthly (\$25) Individual Yearly (\$275)
 Family Monthly (\$35) Family Yearly (\$365)

ONLY FOR FAMILY MEMBERSHIP: I will agree to pay McLaren fees in the amount of \$_____ per month or \$_____ for the year payable on the first pay week of each month for fees due that month. If payment is made the entire year, fees are due at the time of membership registration and on the anniversary date of the membership start date for the following year. Payments can be made by check, cash, charge card, or through payroll deduction. **Call the McHealthy office at 810-342-4917 if a family membership is wanted.**

The membership begins on the date specified and continues until terminated by either the member or McLaren. The member or McLaren may cancel this membership after expiration of the membership term. Proper notice is one calendar month. Notice to be given in writing or delivered in person. It is understood that there will be NO PROMOTION of the last month's fees.

Fill out only if a family membership is being requested.

Spouse Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Child's Name: _____ Date of Birth: _____
 Membership Start Date: _____ (For Office Use Only)

Waiver of Liability Claims

I hereby apply for a McLaren Wellness Center membership and agree to abide by the regulations affecting such membership. In consideration of the acceptance of my application to use the McLaren Wellness Center, I hereby, for myself, my heirs, personal representatives, administrators and assigns, agree to release and hold harmless McLaren Health Care Corp., their agents, representatives, employees, related entities, successors and assigns, for any personal damage to any personal property, sustained by me or any member of my family, direct, from any claims, injuries, personal injury, negligence, breach of warranty, and all other liabilities resulting from the use of the Wellness Center and McLaren services, facilities and property. I agree not to sue any of these parties for any claims, which are the subject of this release.

I understand that using the exercise and wellness facility will result in my exposure to higher than normal risks of injury to person or property.

I represent that I have no health or physical problems, which would interfere with my safe use of the exercise and wellness facility provided by McLaren.

I agree that I am responsible for my own safety.

I agree to assume and accept the dangers, which are inherent in the use of the exercise and wellness facility provided by McLaren.

I agree that I will not allow any other person to use my membership card or to gain access to the wellness facility provided by McLaren unless appropriately paid for.

McHealthy 03/2016

Spec Info: