Resident New Member Packet

Wellness

– at –

Landis Homes

Thank you for your interest in participating in the many offerings of the Landis Homes Wellness Center.

Your first step in doing so is to complete this packet of forms and return them to the office manager at your Landis Quality Living facility.

Once the office manager shares this with the Wellness Team, you will be contacted by one of our team members to schedule your orientation.

We look forward to getting to know you and to serving your wellness needs.

Wellness -at- Landis Homes

PARTICIPANT PROFILE

First Name: _____ M.I._____ Last Name:_____

Address: (unit/apt.)_____

Phone #: _____ Email: _____

Do you currently engage in physical activity? What are some of your favorite ways to move?

_____

_____

_____

What wellness goals do you have? *(check all that apply)*

☐ I want to increase my stamina/endurance
☐ I want to get stronger
☐ I want to improve my flexibility
☐ I want to improve my balance
☐ I want to lose weight
☐ I want to eat healthier
☐ I want to sleep better
☐ I want to manage stress better
☐ I want to be more social
☐ I want to improve my cognitive health
☐(other):

_____

_____

What wellness programs/services are you interested in? *(check all that apply)*

☐ Individual exercise
☐ Swimming

Are there any details about your personal health you would like to share for our awareness?

_____

_____

_____

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Landis Homes

RELEASE OF LIABILITY AGREEMENT AND ASSUMPTION OF RISK
FOR LANDIS HOMES WELLNESS CENTER – Landis Quality Living Residents

This Release of Liability Agreement and Assumption of Risk for Landis Homes Wellness Center (this "Agreement") is made _____ day of _____, 20___, between Landis Homes Retirement Community, trading as Landis Homes Retirement Community, a Pennsylvania not for profit organization ("Landis Homes"), and _____, a resident, employee, public member, volunteer or guest of Landis Homes. For and in consideration of the undersigned being permitted to voluntarily participate in programs, exercises, activities and personal training programs, sessions and activities at the Landis Homes Wellness Center (the "Wellness Center") or other location, or otherwise to use the Wellness Center, I do hereby agree as follows:

Landis Homes has a Wellness Center for its residents, employees, volunteers, and guests to allow such persons to voluntarily participate in programs, exercises, activities, and personal training programs, sessions and activities to improve their overall health. Certain activities promoted by the Wellness Center may also take place outdoors away from the Wellness Center either on or off the Landis Homes campus. I understand that exercise can be strenuous and can possibly subject the participant to serious injury. I acknowledge that I have been advised by Landis Homes to consult with my own physician and/or other medical provider prior to participating in programs, exercises, activities and personal training programs, sessions and activities at the Wellness Center or elsewhere, and I understand and assume the risks of choosing not to do so. I also understand that certain signs and symptoms during exercise are cause for immediate discontinuance of the activity and may adversely affect my health. These signs and symptoms include, but are not limited to: fatigue, dizziness, shortness of breath, chest pain or discomfort, chest pressure, irregular heart rate, and leg cramps. I understand that I have the complete right to stop or decrease exercise at any time during any program, exercise, activity or personal training program, session or activity at the Wellness Center or other location and that it is my obligation to inform the trainer or other program/exercise/activity leader or coordinator of any signs or symptoms such as the ones referenced above.

I acknowledge that I have been provided with a copy of the Rules and Guidelines for Use of the Wellness Center, and I agree to abide by all such Rules/Guidelines; I understand that the Rules and Guidelines may be changed from time to time by Landis Homes, and I agree to abide by any such changes once I have been notified of them. I understand and recognize that Landis Homes reserves the right to cancel, revoke, restrict or suspend my usage of the Wellness Center in the event that I fail to comply with said Rules and Guidelines.

I fully understand and acknowledge that I may injure myself, or be injured, as a result of my participation and use of the Wellness Center and/or my participation in any programs, exercises, activities and personal training programs, sessions and activities offered through the Wellness Center, wherever located. I am aware that I am engaging in programs, exercises, activities and/or personal training programs, sessions and activities that are inherently dangerous and involve risk of serious injury or injuries, including, without limitation, serious neck and spinal injuries resulting in complete or partial paralysis; heart attack; stroke; injuries to bones, joints or muscles; muscular injuries, neurological injuries, orthopedic injuries or other bodily injuries; permanent disability; and death, either from my own actions, omissions and/or negligence, or from the intentional or unintentional actions and omissions of others using the Wellness Center, or from the equipment at the Fitness Center/Wellness Center. Knowing the risks and appreciating, knowing and reasonably anticipating that injuries are a possibility, I acknowledge and understand that I am expressly assuming the inherent risk of any and all such programs, exercises, activities and personal training programs, sessions and activities. I understand that part of the risk involved in undertaking any program, exercise, activity or personal training program, session or activity is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill which I conduct myself in that program, exercise, activity or personal training program, session or activity.

I understand that Landis Homes allows and permits such use of the Wellness Center only upon the participant releasing Landis Homes, its employees, agents, servants, Board of Directors, trustees, officers and other residents, and all authorized users of the Wellness Center, from any and all liability arising from or out of the use of the Wellness Center. Therefore, in consideration for my use of the Wellness Center, I do hereby forever fully and unconditionally release, discharge and waive any and all claims, demands, liabilities, judgments, lawsuits, responsibilities and causes of action whatsoever due to or arising out of my use of the Wellness Center that I or my heirs, survivors or next of kin may have for injuries, judgments, losses, liabilities and/or damages sustained by me, including, without limitation, serious injury, permanent disability or death, against and as to Landis Homes, its employees, agents, servants, Board of Directors, trustees, officers, and other residents, and all authorized users of the Wellness Center, jointly or severally. I also understand that $35 a month will be added to my monthly statement from Landis Quality Living, effective _____, and continuing until I notify the Wellness Center that I want to discontinue the membership.

This Agreement is governed by, and construed in accordance with, Pennsylvania law.

In confirmation of this Agreement, Landis Homes has caused this Agreement to be signed by its authorized representative, and I have signed as indicated below, acknowledging that I have read and fully understand all of the terms of this Agreement.

_____
Participant Name PRINTED

_____ _____
Participant Signature Date

_____ _____
Parent/Guardian Signature - under 18 yrs. Date

_____ _____
Wellness Staff Signature Date

Staff Use

- ☐ Resident
- ☐ Guest
- ☐ Team Member
- ☐ *Other

* LQL Resident