

Welcome to Get Fit Wellness

Health and Fitness Center

215 Maple

Las Animas, CO 81054

719-456-0848 or 719-456-1340

bchccgetfit@gmail.com

www.bentcountyhealthcare.com

Monday – Friday 8 a.m. to 8 p.m.

Saturday 8 a.m. to 6 p.m.

Closed Sunday



Monthly, quarterly & annual
memberships available.

Family discount plans, group rates and
volunteer rates are also available.

It's Time To Get Healthy!

Get Fit Wellness

Fitness Center Policies and Membership Information

In order for everyone to enjoy the Bent County HealthCare Center Fitness Center (hereinafter called the "Center"), it is necessary to have policies by which all members are to follow. It is the objective of the Center that all members' needs are met in the safest manner. Thus, the policies listed below exist for the protection of both the member and the center.

General Information

- ❖ In order to become a member, you must be 15 years of age or older.
- ❖ NO GUESTS are allowed in the Fitness Center. Only Fitness Center members are permitted.
- ❖ **All members are required to sign-in when entering the Center.**
- ❖ Smoking and alcoholic beverages are not allowed in the Center.
- ❖ No one is admitted to the Center who is under the influence of drugs or alcohol.
- ❖ Bottles or glass containers of any kinds are not allowed.
- ❖ Food is not allowed into the building.
- ❖ All members must receive orientation to the equipment and operations of the Center prior to use of the equipment. Young adults under 15 years of age are not allowed to use the equipment.

Childcare: Kountry Kids Learning Center is open from 6:00 a.m. to 5:30 p.m. for children ages 6 weeks. 12 years old. You **MUST** call in advance as the number of children accepted is limited. Kountry Kids Learning Center phone: (719) 456-1254.

Orientation: The therapist will be glad to teach you how to use the machines in the correct way. Orientation times are by appointment. Call 719-456-0848 for your orientation appointment.

Bent County HealthCare Center
reserves the right to relinquish membership for anyone
who does not follow safety guidelines or Fitness Center policies.

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Membership Dues

All members are required to complete the application prior to utilizing the Center.

It is the responsibility of the member to keep their memberships current and pay membership fees on time. Payment must be received by the 5th of every month.

Please make checks payable to *Bent County HealthCare Center*.

Single Membership	
Monthly Membership	\$25.00
Quarterly Membership (3 months)	\$65.00
One Year Membership	\$240.00
Family Discount Plan (2-3 members)	
Monthly Membership	\$40.00
Quarterly Membership	\$110.00
Annual Membership	\$420.00
Group Discount Plan (4-8 members)	
Monthly Membership	\$45.00
Quarterly Membership	\$125.00
Annual Membership	\$480.00
Volunteer Discount Rate	
CRITERIA: Volunteer 4 hours per month	
Monthly Membership	\$15.00
Quarterly Membership	\$35.00
Annual Membership	\$120.00
BCHCC Employees Rate	
There is no charge for BCHCC Employees, but each employee does have to attend an orientation.	

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Membership Application

(Part 1)

Name: _____ Date of Birth: _____

Address: _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Single Payment Plan: Monthly \$25.00 Quarterly \$65.00 Yearly \$240.00

Family Payment Plan: Monthly \$40.00 Quarterly \$110.00 Yearly \$420.00

(Member Names 2-3 _____)

Group Payment Plan: Monthly \$45.00 Quarterly \$125.00 Yearly \$480.00

(Member Names 4-8 _____)

Volunteer Payment Plan: Monthly \$15.00 Quarterly \$35.00 Yearly \$120.00

In case of an emergency, please notify the following person(s):

Name: _____ Relationship: _____ Phone: _____

General Information

Please check the box next to the correct answer.

Do you have any of the following physical or medical problems?

Heart Problems Yes No

High Blood Pressure Yes No

Back Problems Yes No

Knee Problems Yes No

Neck Problems Yes No

Dizziness Yes No

Hypoglycemia/Hyperglycemia Yes No

Diabetes Yes No

Arthritis Yes No

Recent Surgery Yes No

Please Specify _____

Other (specify) _____

Are you presently under a doctors care?..... Yes No

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Membership Application (Part 2)

Physician's Clearance Waiver

I understand the importance of the medical clearance need for my present physical status; however, I wish to participate in the Fitness Center at my own risk and agree to indemnify and hold harmless from liability, the Bent County HealthCare Center from injury to my body or property while participating in the use of the Fitness Center.

Liability Disclaimer

I hereby give my approval to participate in the Fitness Center. I assume all risks incidental to the conduct of the Fitness Center. I do further release, absolve, indemnify and hold harmless, the Bent County HealthCare Center. In case of injury to myself, I hereby waive all claims against the facility.

Consent

My participation in this program is voluntary and I may withdraw at any time. My written consent indicates that I have full knowledge and understanding of the nature of the Fitness Center, the benefits I may expect, and the discomforts and/or risks which may be encountered and agree to participate on that basis.

This is to verify that I have been oriented to all the fitness equipment. If additional orientation is needed, an appointment will be set up with the fitness coordinator.

I certify that I have read, understand, and agree to conform with the Physician Waiver, Clearance, Liability Disclaimer, and Consent Agreement.

Member Printed Name

Member Signature

Date

Fitness Center Representative

Date