

SENIOR PASSPORT MEMBERSHIP

The Basic Level Tier 1 includes:

- Free notary service
- Free health screenings- monthly blood pressure checks
- Social and educational activities
- Discounts around town
- Hospital inpatient benefits - free newspaper and one guest meal daily
- Travel incentives- refundable deposit, free Passport/Visa pictures

Price for year membership: \$25/person

(no exercise on this membership level)

Tier 2 includes all of the above plus:

- Complete lab work at the WNJ Lab one time a year
- Daytime hours in the gym daily (Monday-Friday)
- Exercise Classes daily (Monday-Friday)
- Two consults a year with a WNJ Dietician
- Additional travel incentives- priority seating on the motor coach

Price \$45/person

Call Cheryl Brandon at 903-870-3630 with any questions.



Gym Hours

SENIOR PASSPORT EQUIPMENT HOURS

Tier 2 Members:

Monday: 6:00-7:00 AM & Noon-6:00PM
Tuesday: 6:00 AM- 6:00 PM
Wednesday: 6:00-7:00 AM & Noon-6:00PM
Thursday: 6:00 AM- 6:00 PM
Friday: 6:00-7:00 AM & Noon-6:00PM

Everyone using the gym must sign a waiver
prior to exercising AND
have your doctor sign the RX Form.
To schedule equipment training, contact
Cheryl Brandon at 903-870-3630.

SENIOR PASSPORT

EXERCISE RX

Physician: _____

Member: _____

PLEASE COMPLETE AND RETURN TO THE
PROGRAM COORDINATOR
CHERYL BRANDON 903-870-3630 FAX 903-870-4409

As of today's date, the above named member may enter the Senior Passport exercise program, which consists of aerobic exercises and resistance training. These activities may be supervised but will not include heart monitors or blood pressure assessments. Please list below any limitation or activities this individual should not participate in. If no restrictions are listed, the individual will be able to participate in all activities and monitor their own health. Note: Participants with a history of by-pass surgery, heart attack, or angina within the previous 12 months are recommended to complete a cardiac rehabilitation program prior to participation in the Senior Passport exercise program.

Restrictions: _____

Signature of Physician

Date

SENIOR PASSPORT

INFORMED CONSENT FOR EXERCISE

I desire to engage voluntarily in the Senior Passport Exercise Program in order to improve my physical fitness. I have been referred by my physician, Dr. _____ . I have had or will have an evaluation by my physician. The purpose of this evaluation is to detect any condition that would indicate that I should not engage in this exercise program.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. Any questions have been answered to my satisfaction.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility. I hereby release, discharge, and hold harmless Wilson N. Jones Regional Medical Center, their employees, agents, officers, directors, assignees, and successors from and against any and all liability or damage incurred by me or my guest as a result of my participation in the Senior Passport Program which includes the instruction of and use of the exercise equipment.

This consent is intended to release Wilson N. Jones Regional Medical Center from any and all claims and damages resulting from employee, agent, officers, directors, assignees and successors negligent acts or omissions.

I also agree to only use the equipment when more than one other member (s) is in the gym (never get on equipment alone) and will only use equipment during posted hours. In case of an emergency on the hospital campus dial 55555 from a hospital phone.

Signature: _____ Date: _____



YES, I want to join Senior Passport!

First Name: _____ **Last Name:** _____

Spouse's Full Name: _____

Mailing Address: _____ **Apt. or Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Level 1 \$25/person

DOB: _____

Level 2 \$45/person

SPOUSE

DOB: _____

**PLEASE DIRECT QUESTIONS TO THE
PROGRAM COORDINATOR,
CHERYL BRANDON AT
903-870-3630
FAX 903-870-4409**