FITNESS CENTER HOURS

Monday-Thursday  5:30 am – 9 pm
Friday          5:30 am – 8 pm
Saturday       6 am – 4 pm
Sunday             Closed

Ask about our 24-hour option!

MEMBERSHIP RATES - UNLIMITED VISITS/MONTH -

<table>
<thead>
<tr>
<th></th>
<th>1 Month</th>
<th>3 Months*</th>
<th>6 Months*</th>
<th>12 Months*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>$30</td>
<td>$85</td>
<td>$165</td>
<td>$320</td>
</tr>
<tr>
<td>Family</td>
<td>$85</td>
<td>$245</td>
<td>$475</td>
<td>$900</td>
</tr>
</tbody>
</table>

*Full payment is due at time of sign-up

Personalized programs
$15 for a 3-month program

Personal training
$35/1 session, $100/3 sessions, $150/5 sessions

To better help you reach your wellness goals, an appointment is required for all new workouts. The average program requires at least 2 appointments with a trainer.
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 10:30 am Silver &amp; Fit (Tim)</td>
<td>9:30 - 10:30 am Silver &amp; Fit (Tim)</td>
<td>9:45–10:30 am Stretch/ABS (Lorri)</td>
<td>9:30–10:15 am Pilates Stretch &amp; Strengthen (Lavinia)</td>
<td>8:00–9:00 am YOGA (Laurie)</td>
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</tr>
<tr>
<td>10:45–11:45 am SilverSneakers Classic (Lorri)</td>
<td>9:30–10:15 am Stretch (Lavinia)</td>
<td>1:00 – 2:00pm Range of Motion Pool Class (Lorri)</td>
<td>10:45–11:45 am SilverSneakers Yoga (Lorri)</td>
<td>9:00– 10:00 am STRONG (Heather)</td>
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</tr>
<tr>
<td>12:00 – 1:00pm Range of Motion Pool Class (Lorri)</td>
<td>10:45–11:45 am SilverSneakers Yoga (Lorri)</td>
<td>2:15 – 3:15pm Circuit Pool Class (Lorri)</td>
<td>12:00 – 1:00pm Range of Motion Pool Class (Lorri)</td>
<td>4:30 – 5 pm Core Class (Doug)</td>
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</tr>
<tr>
<td>4:30 – 5 pm Core Class (Doug)</td>
<td>1:00 – 2:00pm Range of Motion Pool Class (Lorri)</td>
<td>4:30 – 5 pm Core Class (Doug)</td>
<td>4:00 – 5:00pm Circuit Pool Class (Lorri)</td>
<td>4:30 – 5 pm Core Class (Doug)</td>
<td></td>
</tr>
<tr>
<td>2:15 – 3:15pm Circuit Pool Class (Lorri)</td>
<td>5:5:30pm Women’s full body blast (Nicoe)</td>
<td>4:30 – 5:30pm Cycling Class (Don)</td>
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</tr>
<tr>
<td>6:00-6:30pm Women’s lower body blast (Nicoe)</td>
<td>4:00 – 5:00pm Circuit Pool Class (Lorri)</td>
<td>5:15 – 5:45pm Heavy Bag (women) (Doug)</td>
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</tr>
<tr>
<td>6:00-7:00pm Zumba (Sandi)</td>
<td>5:15 – 5:45pm Heavy Bag (Doug)</td>
<td>6:00–7:00pm Strong (Heather)</td>
<td>6:00–7:00 pm Zumba (Julie)</td>
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</tr>
<tr>
<td>6:00–7:00 pm Pi-Yo (Jeri)</td>
<td>6:00–7:00 pm Pi-Yo (Jeri)</td>
<td>6:00–7:00 pm Pi-Yo (Jeri)</td>
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As always, classes at RESULTS are free for members, AND with the exception of the pool classes, all classes are open to non-members for $4.00 and WellSpan Health employees for $3.00.
FITNESS CENTER POLICIES

- Results Therapy and Fitness members may have an individual exercise program designed for them based on their goals, physiological condition, time parameters, etc.

- All Results Therapy and Fitness members will sign a release of liability prior to the first exercise session. Any member intending to use the pool will sign a waiver prior to pool use. Any person intending to use the pool must be a Results member in good standing. NO less than 2 persons are permitted in the pool at any time.

- We strongly encourage all members to receive clearance from their family physician before initiating an exercise program.

- Anyone using the facility must wear appropriate athletic/closed toe shoes at ALL times.

- All Results Therapy and Fitness members must be independent (both physically and cognitively) in using the equipment, performing free weight exercises and following the progression of an exercise program.

- All equipment will be maintained in a sound manner. Please refrain from improper use of all equipment (this includes banging weights, dropping dumbbells, etc.) to prevent wear and tear of unnecessary repairs.

- Results Therapy and Fitness does not want its members to exercise while in an injured state. If you suspect an injury (suffered in or out of the center), please let the staff know and they will refer you accordingly. Our staff is NOT qualified to diagnose your symptoms.

- All members and staff members should be treated with respect always. See courtesy guidelines.

- Please do not rush other members when they are using equipment. Please be patient with other members and staff members. See courtesy guidelines.

- NO obscene language is permitted in the facility.

- Any violent action taken toward another person (staff or member) or toward the facility itself will result in immediate and permanent removal from Results Therapy and Fitness.

- No food is allowed in Results Therapy and Fitness unless for medical reasons.

- Please be considerate when using the basketball court: this includes allowing all members to play and not wearing black-soled shoes.

- Whenever possible, multi-joint lifts will be spotted by a staff member.

- Only children who are capable of sitting quietly in a chair for the entire duration of the parent’s workout session will be permitted at Results Therapy and Fitness. No children can run unsupervised within the facility, nor are they allowed to be near the free weights or any equipment for liability reasons.

- Guests of members in good standing may use the facility free of charge for the first visit only.
BILLING POLICIES

MONTHLY MEMBERSHIP

- Billing is done monthly for the previous month by bank draft or monthly payment in the form of personal check, cash or credit card.
- If you start after the first of the month, the first month of membership will be pro-rated and paid on the start date.
- The monthly bill will be mailed to your home address by the 10th of the following month (unless client is doing a bank draft).
- If you have an extended illness, please notify the office. An adjustment will be made. A physician’s note may be requested.
- If you utilize the facility any time during the month, you are responsible for that month’s charge.

*Any outstanding account balance deemed to be in arrears must be brought up-to-date before the client will be granted access to the facility.

3, 6 OR 12-MONTH MEMBERSHIP

- Billing for multiple month contracts will run from the date of sign-up until the end of the time frame. (i.e. January 15, 2018 through January 14, 2018). It is the client’s responsibility to renew a multi-month membership prior to or at the end date. If renewal is not made and the client continues to use the facility, they will be billed as a monthly client.
- Payment is expected at the time of sign-up.
- Payment can be made in the form of cash, credit card or personal check made payable to Results Therapy and Fitness.
- If you have an extended illness of more than 2 weeks, please notify the office. An extension of additional time will be granted. A physician’s note will be required. In the event of death, a pro-rated refund will be granted for time unused.

FAMILY MEMBERSHIP

“Family” constitutes any member of the same household; such as two parents and one child enrolled in school (and/or undergraduate college), or one parent and two children enrolled in school, or three children enrolled in school and/or undergraduate college – all of whom are claimed as dependents of the same head of household.

PERSONALIZED PROGRAM MEMBERSHIP

- If you join on the first day of a month, you may purchase a 3-month membership at the discounted rate of $85.00. If you choose to take advantage of the discount, the full amount is due upon registration.
- If you prefer to make monthly payments, you are financially responsible for a total amount of $90.00, which can be made in monthly payments of $30.00, with first month’s payment due upon registration.
- If you join mid-month, your first month’s payment will be pro-rated, and that amount is due upon registration. You will be financially responsible for the remaining two months.

WELSPAN
Results Fitness
PARTICIPATION FORM

Start Date _____________________

Name ________________________________________________________________________________________

Street Address _________________________________________________________________________________

______________________________________________________________________________________________

City      State  Zip

Date of Birth _____________________________  Social Security # ____________________________________

Home Phone # ___________________________  Work Phone # ______________________________________

Emergency Contacts:

Primary Contact Name __________________________________ Phone # ____________________________

Secondary Contact Name ________________________________ Phone # ____________________________

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?</td>
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<tr>
<td>Do you feel pain in your chest when you perform physical activity?</td>
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<tr>
<td>In the past month, have you had chest pain when you were not performing any physical activity?</td>
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<tr>
<td>Do you lose your balance because of dizziness or do you ever lose consciousness?</td>
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<tr>
<td>Do you have a bone or joint problem that could be made worse by a change in your physical activity?</td>
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<tr>
<td>Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?</td>
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<tr>
<td>Do you know of any other reason why you should not engage in physical activity?</td>
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If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. During your medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.
AGREEMENT AND RELEASE OF LIABILITY FOR RESULTS THERAPY AND FITNESS

The undersigned knowledge that he/she is voluntarily participating in an exercise/fitness activity and the use of exercise equipment and machinery. I agree that there is inherent risk in any such activity and I agree to release Results Therapy and Fitness, its officers, agents, representatives, and employees from any and all liability, damages, or expense which I have or may have against Results Therapy and Fitness arising from or relating to any accident or injury I may sustain while engaging in this activity.

I further understand and have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have at least yearly physician examinations and consultations with my physician as to physical activity, exercise, and the use of exercise and training equipment. I acknowledge that I have either had a physical examination and have been giving my physician’s permission to participate, or that I have decided to participate in this activity and use of equipment and machinery without approval of my physician. I agree to assume all responsibility for my participation and utilization of equipment and machinery in my activities.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THIS ENTIRE AGREEMENT AND RELEASE OF LIABILITY AND UNDERSTANDS ITS MEANING AND AGREES TO BE BOUND BY ITS TERMS.

________________________________________________             ________________________________________________
Signature of participant    Witness

____________________________________________             ________________________________________________
Date  Signature of parent for participants under age 18

FOR PERSONS UNDER AGE 18 – MANDATORY

Guarantor Name __________________________________________ Guarantor Social Security #_______________________

Guarantor Address ______________________________________________________________________________________

City        State       Zip

Place a check mark in the box corresponding to the membership you are choosing:

<table>
<thead>
<tr>
<th>Membership Selection</th>
<th>1 Month</th>
<th>3 Months</th>
<th>6 Months</th>
<th>1 Year</th>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
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<tr>
<td>Family</td>
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<tr>
<td>Adult Member</td>
<td></td>
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<tr>
<td>Prime/Silver Sneakers</td>
<td>ID:</td>
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<td>_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _</td>
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An appointment is required for all new workouts. This form must be completed and returned before your initial workout will be scheduled. 1-on-1 personal training is available upon request. A three-month commitment is needed to receive an exercise program.

Name ____________________________________   Age ___________ Phone____________________________________

Height ___________________________   Weight (approx.) ___________________________

Medical/Exercise History

Do you have any limitations that restrict movement in any way (Lower back pain, knee pain, results of an injury or surgery, etc.)? If yes, please explain.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Do you have Coronary Artery Disease? _______  Diabetes? _______ Hypertension? _______

Significant medical history ___________________________

_____________________________________________________________________________________________

Do you smoke?   No _______  Yes _______  If yes, number of packs/week _______

How many sessions per week can you realistically fit into your schedule? _____________________________

Would these sessions ever be on consecutive (back-to-back) days? _________________________________

How much time per session do you wish to spend? _____________________________

Have you participated in an exercise program in the past 5 years? _________________________________

Do you currently participate in any type of physical activity? _________________________________

If yes, please explain ____________________________

If no, why did you discontinue? ____________________________

Goals

Please explain what you expect to accomplish. Include your short-term and long-term goals.

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Please express any comments or concerns that you think would be helpful to us in the design of your program

_____________________________________________________________________________________________

If our staff recommends more sessions and/or time per week for you to meet your goals, are you willing to commit to the suggested program? __________
PROGRAM DESIGN POLICY

Programs will be made for a fee of $15 for all members. All programs will be made to last 3 months unless requested or necessary otherwise. Payment will be accepted when goal sheet is handed in and workout is scheduled.