



Action Fitness LLC Insurance Consent Form

Insured Member's Name: _____ Gender: M F

16-digit Tivity Health ID # _____ Date of Birth: ____ / ____ / ____

Insurance Co. Name: _____ Ins. Co. Phone #: ____ / ____ / ____

Member's Address: _____

City: _____ State: ____ Zip: _____

*Member's Cell #: ____ - ____ - ____ *Home Phone: ____ - ____ - ____

*Member's Email: _____

Members: Please initial each one as you read and understand the instructions listed.

_____ A. I understand that it is my responsibility to verify with **Silver Sneakers**, Customer Service **888-423-4632**, that I am signed up for the coverage before giving the insurance information to the fitness center.

_____ B. I understand that Silver Sneakers *encourages at least 8-visits* each month, *but not mandatory*, to acquire and maintain good health. Only 1 workout per day is counted. Workouts in the Fitness Center or a fitness class attended can be counted toward a workout for the day.

_____ C. I understand that it is my responsibility to **sign-in** on the membership list and **scan-in** on the electronic device at the fitness center each time I visit to ensure that my visit is recorded at the time of my workout.

_____ D. I understand that the fitness center is entitled to reimbursement for the use of the facility and the equipment, and maintenance costs each time I workout or attend a class.

This authorization will remain in effect until I notify the above fitness center that my SilverSneakers Program eligibility has discontinued.

Signature: _____ Date: ____ / ____ / ____

Any questions on completion of this form - contact Angie Taylor at Action Fitness (507) 272-0549

>>> PLEASE REVIEW AND SIGN WAIVER AND ASSUMPTION OF RISK ON BACK OF PAGE. >>>