



Membership Agreement

Dan Abraham Healthy Living Center (DAHLC)

Name (First, Middle, Last)		Birth Date (Month DD, YYYY)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City		State ZIP Code	
Email				Primary Phone	
Emergency Contact Name				Emergency Contact Phone	
Membership Type <input type="checkbox"/> Employee <input type="checkbox"/> Adult dependent (age 18+) <input type="checkbox"/> Student spouse <input type="checkbox"/> Volunteer spouse <input type="checkbox"/> Retiree spouse <input type="checkbox"/> Employee spouse <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Retiree					
Research Notification (see back) <input type="checkbox"/> I have read the notification <input type="checkbox"/> Check here only if opting out			Mayo Clinic Employee Status <input type="checkbox"/> 0.50 FTE or greater <input type="checkbox"/> Supplemental or temporary placement <input type="checkbox"/> Less than 0.50 FTE		
Referral Source <input type="checkbox"/> DAHLC event or program <input type="checkbox"/> MCO <input type="checkbox"/> Provider referral <input type="checkbox"/> Social media <input type="checkbox"/> Friend, family or coworker <input type="checkbox"/> Member <input type="checkbox"/> Self-selected <input type="checkbox"/> Website <input type="checkbox"/> Mayo communication <input type="checkbox"/> Other (indicate) _____					
Payment Type: <input type="checkbox"/> Payroll deduction (employee must be .5 FTE or greater) <input type="checkbox"/> Pre-pay <input type="checkbox"/> Trial					

Membership Agreement: Liability Release and Waiver

In consideration of being allowed to participate in the activities and programs of the Dan Abraham Healthy Living Center (DAHLC) and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge DAHLC, Mayo Clinic, and their officers, agents, employees, representatives, executors, and all others (Mayo Clinic representatives) from any and all responsibilities or liabilities from injuries or damages arriving out of or connected with my attendance at DAHLC, my participation in all activities, my use of equipment, or any act or omission. I hereby acknowledge that members' use of DAHLC facilities and equipment, and participation in activities and programs are at their own risk.

Additional Notices and Disclaimers

- Members should consult their personal provider before beginning a course of exercise or wellness program. Be advised that a provider does not review this registration form or any health information contained in the registration form.
- If you receive patient care related services at DAHLC, clinical information about those services may be documented in your Mayo Clinic medical record.
- The Saint Marys DAHLC campus facility is a self-service facility, open 24 hours per day, 7 days per week; no guests permitted.
- If the agreement is signed fraudulently, you risk losing your DAHLC membership and other potential employment benefits with Mayo Clinic.
- As a Mayo Clinic employee, your children age 18+ are eligible for membership if they meet IRS Tax Dependency Guidelines. Your signature verifies this is an adult child of yours and is a dependent as defined by the IRS. If you are unsure, reference Internal Revenue code section 152.
- The member has the responsibility to notify DAHLC when a dependent student no longer meets IRS criteria.

The following signature consents to waiver of liability, member policies, research notification, and authorizes MFMER to implement payroll deduction for membership fees for eligible employees. Membership dues and fees are the responsibility of the member.

Printed Name (First, Middle, Last)		Signature		Date (Month DD, YYYY)	
Responsible Mayo Employee Printed Name (First, Middle, Last)		Signature (needed for payroll deduction eligibility)		Date (Month DD, YYYY)	
Employee ID:					

Staff Use Only

Parking Tag Number		Verification <input type="checkbox"/> ID <input type="checkbox"/> Marital status <input type="checkbox"/> FTE status _____			
Orientation <input type="checkbox"/> Onsite <input type="checkbox"/> Online <input type="checkbox"/> Policies		Staff Initials	Date Received (Month DD, YYYY)		Contract Processed Date (Month DD, YYYY)

Research Notification for Dan Abraham Healthy Living Center (DAHLC) Members

It is important to the DAHLC that all members are informed about how their information may be used, including use for quality improvement, evaluation, and research that will contribute to future advances in health and wellness. As a courtesy to members, we are providing this update.

We use the following information at the DAHLC: demographics like age and gender, DAHLC survey responses, and facility use contained in the DAHLC database — this is not connected to your medical record. Our projects are often related to program offerings and potential barriers to a healthy lifestyle. You may be asked to participate in specific studies in the future, and you may continue to receive general surveys, even if you opt out of research.

DAHLC will continue to protect your privacy, identity, and confidentiality through strict de-identification processes. This includes removal of identifiers that could be linked to a single individual. Only group data are published in studies, never individual identifiers. **Not** responding to this notification means that DAHLC will continue to use your data for quality improvement, evaluation, and research. You have the right to **decline** the use of your information for these purposes. Your decision will not affect the service you receive at DAHLC or care at Mayo Clinic. You can withdraw your permission at any time by sending a dated and signed letter to: DAHLC Research, DA-1-230, 200 First Street SW, Rochester, MN 55905.

If you have any questions or concerns about this notification, contact us at dahlcresearch@mayo.edu.