

Wellness is about more than just working out. It's about taking care of your mind, body, and spirit. We emphasize a holistic approach to our wellness offerings. Our programming and equipment are designed to meet the fitness needs of any age.

### **The 4,700 Square Foot Wellness Connection Features:**

- A fitness center with cardio and specialized circuit equipment
- We were the first wellness center to employ HUR fitness equipment-the leading technology for seniors and those utilizing rehabilitation services
- HUR fitness equipment, was developed as the result of 20 years of research at the University of Technology in Helsinki, Finland
- HUR utilizes air pressure instead of weights to ease the stress on joints and connective tissues
- InBody composition evaluation
- An aerobics and dance studio with suspended wood floors, full-length mirrors, TV, and a sound system
- Interactive demonstration kitchen with complimentary coffee bar
- Secured access system
- Massage studio
- Locker rooms and showers with in-floor heat and towel service
- Smart Balance Assessment and training
- Miles of serene walking paths throughout our campus

### **Hours of Operation:**

Daily and Weekends: 5am – 10pm

Menu of Services: **Orientation Fee: \$25 | Monthly Fee: \$25**

First Responder Orientation Fee: \$0 | Monthly Fee: \$0

**Wellness Workshops** – starting at \$10.00 per person

**Massage Therapy** – starting at \$1 per minute

For more information, contact:

Janis Carpenter, Wellness Connection Coordinator

Direct: 262.965.7017 | [jcarpenter@ThreePillars.org](mailto:jcarpenter@ThreePillars.org)

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## Wellness Connection Checklist

- \_\_\_\_\_ Folder of paperwork to complete is given for review. The Fitness Questionnaire, Participant Agreement, and Waiver will be signed at your orientation.
  
- \_\_\_\_\_ Video Orientation of equipment to be completed on your own (45 minutes) <https://bit.ly/WCOrientation>
  
- \_\_\_\_\_ Call or email to schedule to meet with Janis to complete the health questionnaire and orientation session.
  
- \_\_\_\_\_ Consultation with Janis. Date: \_\_\_\_\_

Questions: Janis Carpenter, Wellness Connection Coordinator  
262.965.7017  
[jcarpenter@ThreePillars.org](mailto:jcarpenter@ThreePillars.org)

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### Fitness Screening Questionnaire

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation (Past or Present): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ \*Emergency Phone: \_\_\_\_\_

Please list any medications you currently take:

#### Medication/Purpose

_____	_____
_____	_____
_____	_____
_____	_____

Please list any medications you are **severely** allergic to:

_____	_____
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**Personal History** (please indicate if you have been diagnosed with any of the following:)

- Heart Attack                       Heart Surgery                       Cardiac Catherization with angioplasty  
 Heart Failure                       Heart Valve Disease                       Cardiac Rhythm Disturbance  
 Pacemaker/Defibrillator    Congenital Heart Disease    Heart Transplantation  
 Cancer

Significant Other Surgeries: \_\_\_\_\_

Other: \_\_\_\_\_

**Signs and Symptoms** (please indicate any symptoms you have experienced in the last 6 months):

- Chest Discomfort with Exertion    Unreasonable/New Breathlessness  
 Dizziness, Fainting, or Blackouts  
 Burning or cramping sensations in your lower legs when walking short distances

**Cardiovascular Risk Factors**

- Diabetes: (circle which type you are)   Type 1                      Type 2                      Diet Controlled  
 Stress  
 High Cholesterol Level  
 You smoke or quit smoking within the previous six months  
 High Blood Pressure  
 Physically Inactive

**What are your fitness goals for joining Three Pillars Wellness Connection?**

- Weight Loss                       Cardiovascular Fitness                       Increase Muscle Tone  
 Reduce Stress                       Decrease Back Pain                       Other (explain below)

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Wellness Connection Staff	
Participant #:	Date:
Participant Type: EMP RES VOL FMR COM	
Notes: _____	

**Participant Agreement & Waiver**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Participation and Payment Agreement**

The undersigned person (hereinafter "Participant") agrees to adhere to all the rules and conditions of participation in Three Pillars' Wellness Connection (hereinafter "Connection") and to pay to The Connection an access fee of:

\$\_\_\_\_\_per month, plus any additional program or service fees as incurred by the Participant.

Participant acknowledges and agrees that each monthly installment will be charged to the account no earlier than the fifth of each month. In the event any such installment is not received by The Connection prior to the next installment date, The Connection may cancel this Agreement and the Participant may be required to pay the current orientation fee to The Connection prior to reinstatement of the Membership, along with the full amount of delinquent charges due to The Connection. In addition to the foregoing, The Connection may pursue any and all legal and equitable remedies available to The Connection as a result of the Participant's breach.

**Participation Rights and Privileges**

In consideration of the orientation fee, access fee, and Participant's covenant to observe all applicable rules and conditions of participation, The Connection hereby grants to Participant the right to use and enjoy the facilities and equipment of The Connection located at 400 N. Main St., Dousman, Wisconsin, throughout the term hereof and to the extent described in The Connection brochure, commencing on the date hereof. I understand that I may terminate this application with 30 days written notice prior to the collection date to The Connection. I understand that if I miss a monthly payment for any reason I may be subject to pay an orientation fee to regain Participant status. While rates are subject to future increases, The Connection agrees to give a 30-day notice of any change in monthly access fees.

Participant's Initials \_\_\_\_\_

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## **Cancellation and Refunds | Right to Cancel**

You are permitted to cancel this Agreement until midnight of the third operating day after the date on which you signed the contract. If the facilities or services that are described in the contract are not available at the time you sign the contract, you have until midnight of the third operating day after the day on which you receive notice of their availability to cancel the contract. If within this time, you decide you want to cancel this Agreement, you may do so by notifying Masonic Center for Health & Rehab, Inc., by any writing mailed or delivered to Masonic Center for Health & Rehab, Inc. at the address shown on the Agreement, within the previously described time period. If you cancel, any payment made by you, less a user fee at no more than \$3.00 per day of actual use, and the orientation fee of service, will be refunded 45 days after notice of cancellation is delivered, and any evidence of any indebtedness executed by you will be canceled by Masonic Center for Health & Rehab, Inc., and arrangement will be made to relieve you of any further obligation to pay the same.

## **Miscellaneous**

- a) If any provision in this Agreement is declared invalid or unenforceable, such provision shall be deemed deleted; and the remainder of this Agreement shall be enforced to the full extent permitted by law.
- b) No waiver of any breach or default by either party shall be deemed a waiver of any subsequent breach or default of the same or similar nature.
- c) Participant agrees and warrants that the statements and representations made by the Participant in the Application portion of this Agreement are true, accurate, and complete and may be relied upon by The Connection.
- d) Participant may not transfer or assign his/her access privileges.
- e) The parties agree that this Agreement, including the application portion hereof and The Connection's participant brochure, constitutes the final written expression of all terms of this Agreement and constitutes a complete and exclusive statement of those terms. Accordingly, except as provided herein, no representatives, promises, warranties, or statements by either party which differ in any way from the terms of this written Agreement shall be given any force or effect whatsoever.
- f) This Agreement shall not become binding upon The Connection until it is accepted by the duly authorized representative of The Connection at its offices located at 400 N Main Street, Dousman, Wisconsin.

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The undersigned PARTICIPANT has caused this Agreement to be executed as of the day and year written below:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_

This Agreement is hereby accepted by The Connection as of \_\_\_\_\_ am | pm this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**THREE PILLARS WELLNESS CONNECTION**

By: \_\_\_\_\_

\$\_\_\_\_\_ for Orientation Fee and \$\_\_\_\_\_ for first month's access (prorated).

Total: \$\_\_\_\_\_ to be processed through ACH transaction or resident monthly billing

- I agree to have class charges and orientation fee placed on my monthly charges
- Monthly payment to be made by ACH (Send ACH form to the business office)

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## Three Pillars Wellness Connection Liability Release and Assumption of Risk

Masonic Center for Health & Rehab, Inc., in doing business as Three Pillars Wellness Connection (hereinafter sometimes referred to as "The Connection"), is a senior wellness facility consisting of fitness facilities, entertainment, social, and relaxation facilities, and fitness and athletic equipment and resources (together, the "Facilities"). I acknowledge that all fitness, athletic, and recreational activities (together, the "Activities") CAN BE POTENTIALLY HAZARDOUS ACTIVITIES. I understand the mental and physical requirements necessary for such Activities and state that I have no medical condition or disability that prevents me from safely participating in such activities. I understand that the risks associated with these activities include, without limitation, theft of personal property, falls, body contact, collisions with objects and/or individuals, physical exhaustion, adverse changes in medical condition, skin, and eye irritation, exposure to allergenic foods, burns that may result in property damage, personal injury and/or death. I acknowledge that it is exclusively my responsibility to seek from my own physician a medical evaluation and clearance before I engage in physical activity of the type offered by The Connection and periodically thereafter. I understand The Connection and its employees and agents are not medical professionals and any advice or information provided by the foregoing shall not be construed as medical advice. I understand that there may be no employees or attendants present while I use the Facilities. I also represent that any Activities, exercises or exercise techniques that I choose to utilize are strictly of my own selection and are not chosen in reliance upon any advice or representation of any agent or employee of the Connection.

I agree to: (i) adhere to all rules published by The Connection and to instructions and warnings issued by any personnel of The Connection with respect with my participation in any activity or the use of the Facilities or any portion thereof; (ii) act within the limits of my ability and/or physical condition; (iii) maintain control of myself, my guests, and the equipment which any of us may be using in connection with any Activity; (iv) at all times refrain from conduct which may cause or contribute to the injury or death of myself or other persons and/or to the damage or loss of any property and (v) refrain from using any piece of equipment with which I am not completely familiar.

In consideration of the opportunity to use the facilities and to participate in the Activities, I hereby assume all risks associated with my use of the Facilities. On behalf of myself, my heirs, personal representatives, assigns, agents, and attorneys, I further agree to and hereby RELEASE and agree to HOLD HARMLESS Masonic Center for Health & Rehab Inc., Wisconsin Masonic Home, Inc., Village on the Square, Inc., its officers, agents, representatives, employees, subcontractors, volunteers, successors and assigns, from all claims, liabilities, damages, actions, and causes of action arising from or in relation to my use of the Facilities and/or my participation in Activities.

For Minors, I state that I am the Parent/Guardian of the Minor and have full authority, except as limited by law, to enter into this release and agreement.

I STATE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE. I WAS GIVEN THE OPPORTUNITY TO DISCUSS THIS RELEASE WITH MASONIC CENTER FOR HEALTH & REHAB, INC. I EXECUTED THIS RELEASE OF MY OWN ACCORD AND WITH FREE WILL. I understand and agree to all provisions of this Liability Release and Assumption of Risk.

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Participant

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Date

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## Participant Guide

- Please retain for your records -

Welcome to Three Pillars' Wellness Connection, our link to the 55+ local community. We hope you will find that your active participation in our programs is a valuable enhancement to your quality of life. In addition to the state-of-the-art HUR air resistance machines and cardio equipment, our amenities include luxury locker rooms and showers with heated floors, towel service, beverage service, and a free Wi-Fi lounge area. Our fitness studio features large-screen TVs and the aerobics studio features suspended wood floors.

Monthly access includes the use of all amenities offered at the Wellness Connection with the exception of personal training sessions, apparel, massages, and any group exercise or specialized programs. Appointments with the Wellness Coordinator must be scheduled in advance by calling 262.965.7017.

**Access:** External access is only allowed during the hours of operation. Do not attempt to use any door other than the front entrance (or alarms will sound), and do not unlock or prop any door open. Finger-scan access is required to the facility when the door is locked. Participants must have photo ID readily available to present to Wellness Connection personnel to verify access. If you are having problems with access, please call the Coordinator at 262.965.7017 and the problem will be resolved as soon as possible.

**Payments:** Orientation fees are non-refundable and must be paid via ACH, resident bill, or staff payroll deduction before access to the facility or the equipment will be issued. Monthly access fees must be paid via direct debit from checking or savings. A fee will be charged for all insufficient funds. Program and class fees must be paid in full before the first session.

**Guests:** Due to the extensive orientation required for our specialized equipment, participants may not bring guests to work out in the Wellness Connection. If a participant is interested in bringing a guest to tour the facility, arrangements must be made in advance with the Coordinator.

**Etiquette:** Proper attire is required at all times. This includes shirts and appropriate footwear. Shoes worn outside or black-soled shoes are not allowed in the Aerobic Studio only (the floor will become damaged). All participants are required to wipe down the equipment with sanitization wipes after use. Any equipment used must be put away in its original position.

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**Evenings and Weekends:** During non-staffed times, please be sure to turn off lights and TVs not in use when you leave. If you encounter any problems with the equipment, please leave a note for the Coordinator. If there is a major facility mechanical emergency (i.e., flooding, broken window/door, etc.), please call 262.965.7222 and listen for the prompts for emergency maintenance assistance. Other maintenance, housekeeping, or equipment issues should be reported to the Wellness Coordinator either by email, a note under the door, or a call to 262.965.7017. If maintenance is called in and required to respond to personal needs rather than facility emergencies, the participant may incur a fee of up to \$50/hour.

**Safety:** Participants may only use equipment upon which they have been fully oriented, feel confident in using it safely, and use it according to the manner instructed to prevent damage or personal injury.

**Emergencies:** The Wellness Connection is not staffed during all hours of operation. Phones are located in the Aerobics studio and on the wall in the main corridor and should only be used to dial 9-1-1 in case of emergency. In the event of a fire, please pull the nearest pull station and evacuate the facility. In the event of threatening weather, please turn one of the televisions to local news or weather and monitor conditions. In the event of an actual tornado, the safest interior space is the locker room.

**Lost and Found:** The lost and found bin will be located in the front vestibule closet. If a valuable item is found, please turn it into the Coordinator for safekeeping. Please do not bring any valuables to the Wellness Connection as we assume no responsibility for the loss of personal property.

**Tobacco & Alcohol:** Three Pillars is a tobacco-free environment. Please do not use any tobacco product on the premises including outdoors and in parking lots. Participants may not bring alcoholic beverages on the premises or use the facilities while under the influence of alcohol.

**Conduct:** Courtesy and respect must be shown to participants, guests, instructors, and staff. Use of rude, profane, harassing, or threatening language or behavior may result in revocation of access privileges.

The Wellness Connection reserves the right to revoke any participant's access at any time for violations of these standards or other conduct contrary to the best interest of the Connection. Upon revocation, an unused portion of dues previously paid would be refunded.

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