

Physical Fitness



Office: 1-800-764-0418

Cost per class: \$85 Duration per class: 55 minutes Please circle fitness activity you are interested in:

Zumba Floor Aerobics Yoga Weight Training* Step* Combo Class (Part Weight Training / Part Step or Floor Aerobics)*

Conditions on scheduling:

- * means your facility must be equipped with weights/steps for employees to use
- Must have a cleared room to perform fitness class
- Based on availability
- Cancellation / Date/Time Change —Company will be charged full rate after paperwork submitted

Please Answer Questions Below

Requesting Date(s) (Please include DAYS) / & Times: _____

Address Where Fitness Activity will be held at: _____

of Participants: _____ One Time Visit? YES NO If no, please specify desired visits below: _____

Location of Fitness Activity: (For example: Cafeteria, Gym, Break Room): _____

I am authorizing Kaiser Medical Management to provide _____ *Company Name* _____ Physical Fitness Class(es) for its' employees / members and have reviewed and understand cost, cancellation, and date/time change policies. Company understands that all employees will have to sign a release waiver that the Company, KMM, nor KMM Staff is not responsible for any liability. Company understands they must have an appropriate fitness set up for this service.

Print Name: _____ Title: _____

Company Name: _____ Phone: _____ Ext: _____

Address: _____ Zip: _____ Fax: _____

Email Address: _____

Authorized Signature Approving Vitamin Shot Clinic: _____

Authorized Person's Name in Print: _____

Date: _____

Physical Fitness
No Notice required, but based on availability / Company paid program
FAX TO 1-888-688-4176
www.kaisermedicalmanagement.com
You will be notified by email that we received fax.