

Application for Wellness Center Membership

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

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

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

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

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

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

NORTH IOWA FITNESS CENTER LIABILITY WAIVER

Use of the Wellness Center is strictly voluntary and at your own risk. While individuals are solely responsible for their own health, please be advised that strenuous exercise may be a physical hazard to individuals with existing medical conditions. That said, it is recommended that each Wellness Center user receive a physical exam prior to vigorous exercise. Any injury or cost resulting from injury at the Wellness Center is the user's responsibility.

**I acknowledge that I have carefully read, understand, and agree to be bound by the North Iowa Community School Wellness Center Policies and Procedures.** Further, I voluntarily and without reservation agree, for myself and my heirs and personal representatives, to ASSUME ALL RISK for any personal injury, loss of life, or other loss and RELEASE, HOLD HARMLESS and INDEMNIFY North Iowa Community School District and its board of directors, administrators, employees, and agents from and against any present or future liability, claims, demands, and causes of action arising out of or related to any personal injury, loss of life, or other loss sustained as a result of my use of the Wellness Center or my participation in any activity in the Wellness Center.

By signing below, I agree to be bound by the terms and conditions of this Agreement.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Name Printed

Prior to a Wellness Center Access Card being issued, a valid photo must be submitted for identification, annual training completed, and the annual fee paid in full.

**OFFICE USE ONLY**

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Photo Taken

Training Complete

Access Card Issued

Employee Initials \_\_\_\_\_