Application for Wellness Center Membership

Name: _____ Today's Date: _____

☐ New Membership ☐ Renewal

Email Address: _____

*necessary for annual renewal reminders

Phone Number: _____ ☐ Cell ☐ Home

Emergency Contact & Phone: _____

North Iowa Wellness Center Liability Waiver

Use of the Wellness Center is strictly voluntary and at your own risk. While individuals are soley 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 member 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 at the Wellness Center.

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

_____ _____

Member's Printed Name Member's Signature

Prior to a Wellness Center access card being issued, a photo must be taken for identification, a one time trianing must be completed, and the annual fee must be paid.

OFFICE USE ONLY

$_____ Amount Paid ☐ Bound Payment ☐ Cash ☐ Check # Employee Initials ☐