

Iowa Tribe of Oklahoma Wellness Center

Name: _____

Full Address: _____

Home/Cell Phone: _____

Emergency Phone: _____

DOB: _____

- Iowa Tribal Member
- Iowa Tribe Employee
- Tribally Affiliated
- Non-Native
- Non-Native Senior Citizen

The undersigned member agrees to abide by the rules of the Iowa Tribal Fitness Center, including the completion of the following questionnaire. By your signature you acknowledge that (1) you have read this agreement and understand its provisions (2) you agree to abide by the terms of this agreement.

The undersigned member agrees that the Iowa Tribal Fitness Center, services and programs shall be undertaken at his/her own sole risk and the Iowa Tribal Fitness Center shall not be liable for any injuries and/or accidents occurring to the member arising either directly or indirectly out of utilizing the Iowa Tribal Fitness Center services or programs. The member, for him/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the Iowa Tribal Fitness Center, its officers and agents for all such claims, demands, injuries, damages, or causes of action, with respect to use of the Iowa Tribal Fitness Center, its programs, personal trainer, and services.

Signature _____ Date _____

Please write yes/ no to the following questions in which apply to you.

- _____ 1. Has your doctor ever said you have heart trouble?
- _____ 2. Do you frequently have pains in your heart or chest?
- _____ 3. Do you feel faint or have spells of severe dizziness?
- _____ 4. Do you have bone/joint problems that exercises will aggravate?
- _____ 5. Are you over 55 & not accustomed to vigorous exercise?
- _____ 6. Are you on prescription drugs for blood pressure or heart problems?
- _____ 7. Do you know any reason why you should not exercise?
- _____ 8. Are you a diabetic?
- _____ 9. Are you pregnant?

If you answered YES to any questions above, a medical clearance is required before starting an exercise program at the Iowa Tribal Fitness Center.

Rules & Regulations

- ❖ Method of payment is **check or money order** only.
- ❖ Dues should be paid in advance.
- ❖ Memberships are **not transferable**.
- ❖ All members must check in at front desk upon entry of facility.
- ❖ Members and/guests **agree to pay for damages**, to any piece of equipment, made as a result of abuse or misuse.
- ❖ Members acknowledge that for the Iowa Tribal Wellness Center to be **properly maintained**, we reserve the right to temporarily close for no longer than 1 week at any time during each year and right of the center to change business hours and establish holiday closings.
- ❖ **No children under the age of 16** allowed to work out unless under a physician's consent.
- ❖ Any items or programs purchased in addition to membership or retail items are **non-refundable**.
- ❖ All statements and notices specified herein apply to all members.
- ❖ All negations, considerations, and representations between the parties, which are made part of this contract are incorporated here.
- ❖ Nothing contained in this agreement shall be constructed to limit or in any way affect the sovereignty right of the Iowa Tribe of Oklahoma.
- ❖ **The Iowa Tribe of Oklahoma Wellness Center is not responsible for any lost, stolen or damaged belongings.**