

“WELLNESS PROGRAM” SIGN-UP SHEET

Responsible Party

Name: _____ Phone: (____) _____

DOB: ____/____/____ Male Female Cell Phone: (____) _____

Home Address

City: _____

State: ____ Zip _____ Email Address: _____

Emergency Contact

Name _____ Relationship _____

Phone: _____

Children/Family

(Family under the age of 18 being enrolled in swim lessons or family membership)

Name: _____ Age: _____ DOB ____/____/____ Sex _____ Relationship _____

Name: _____ Age: _____ DOB ____/____/____ Sex _____ Relationship _____

Name: _____ Age: _____ DOB ____/____/____ Sex _____ Relationship _____

HEALTH INFORMATION

Are you or anyone listed above currently under medical care for any significant problems? Yes No

If yes, please explain: _____

Do you or anyone listed above presently have or have had in the past any of the following conditions?

(please list the name of the individual next to the condition):

Diabetes	Yes	No	Allergies	Yes	No
High Blood Pressure	Yes	No	Pregnancy	Yes	No
Heart Disease	Yes	No	Previous Surgery	Yes	No
Heart Attack	Yes	No	Headaches	Yes	No
Pacemaker	Yes	No	Migraines	Yes	No
Seizures	Yes	No	Kidney Problems	Yes	No
Metal Implants	Yes	No	Nervous Disorders	Yes	No
Circulatory Disorders	Yes	No	Hernia	Yes	No
Hepatitis B	Yes	No	MRSA	Yes	No
Open Sore/Wound	Yes	No	Tuberculosis	Yes	No
			Special Skin Conditions	Yes	No

If yes on any of the above, please give approximate date and brief description of condition(s):

Please list any medications you or anyone listed above are presently taking and if it is accessible during your session in case of an emergency should arise: _____

Program Attending (Office Use Only)

- Standard Gym Gym Plus Personal Training Martial Arts Ann Neuman’s Fitness Classes
- Pool Only Pool Plus Hot Tub All Facility Swim Lessons Dance Classes Tumbling
- Kids Yoga Other: _____

Program participation will be paid:

- Per Visit Punch Card (12 visits) Per Session (5-10 week Class Sessions)
- Unlimited Monthly Membership (____Months)

Program(s) is being purchased as a:

- Individual Family Corporate

Wellness Policy:

1. ALL programs/visits must be **PAID BEFORE OR AT TIME OF PROGRAM SIGN-UP**.
2. A **Personal Waiver** must be signed by all participants over the age of 18 OR by a parent/guardian if under the age of 18 prior to starting their program.
3. Approval must be obtained by a physician prior to the start of the program (if applicable).
4. All members are to limit their time in each facility to a maximum of 1 hr 30 minutes out of respect for other members and clients.
5. An **Orientation** will be required in order to show the most effective and proper use to the equipment and/or facilities. Orientation has to be scheduled with a LCR staff member.
6. All wellness participants are required to **“check in”** with Lakeside Rehab personnel upon arrival.
7. All programs are available at the scheduled times but are subject to change at anytime. Delays in getting started for any reason will not interfere with the scheduled class end time.
8. **No Refunds** will be given due to loss or underuse of punch card or for class sessions missed.
9. **No Food or Drinks** other than water is allowed in the gym or pool areas.
10. **Footwear must be Dry, Clean and Appropriate** for use of the Pool or Gym areas.
11. Gym and Pool may be used only during the times designated by LCR. Other times may be available upon inquiry with the front office.
12. Members are encouraged to ask a LCR staff member how to use a piece of equipment if they are unsure of its operation.
13. **Pool Members** must provide their own Towel, Water Shoes and Appropriate Clothing.
14. **Pool Equipment (noodles, dumbbells, etc.)** may be used by Pool Members.

By signing below I agree that I have read and agree to the above stated terms and conditions of the above wellness policy enforced by Lakeside Comprehensive Rehabilitation Inc.

Signature of Participant or Parent/Guardian _____

Print Name _____ **Date** _____

**PARTICIPANT AGREEMENT, RELEASE,
AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of **Lakeside Comprehensive Rehabilitation Inc.**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "LCR"), I hereby agree to release and discharge Lakeside Rehab, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that LCR entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is voluntary and I elect to participate in spite of the risks.
3. I hereby voluntarily release, discharge, and agree to hold harmless from any and all claims, demands, or causes of action, which are in any way connected to my use of LCR's equipment or facilities, including such claims which allege negligent of LCR or others.
4. Should LCR or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. If I am to file a lawsuit against LCR I will do so in the State of which LCR operates and all laws of that state will be assessed.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and affect.

By signing this document, I agree that if anyone is hurt or property is damaged during my participation in this activity, I may be found to have waived my right to maintain a lawsuit against LCR on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read, understood, and agree to be bound by these terms.

Signature of Participant or Parent/Guardian _____

Print Name _____ **Date** _____

PARENT'S OR GUARDIAN'S ADDITION INDEMNIFICATION

In consideration of the Minor(s) being permitted by LCR to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless from any and all Claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s) listed below.

Minor(s) Printed Names _____

**EMERGENCY
INFORMATION**

If injured, to which hospital would you like to be transported? _____

If you are found to be in cardiac arrest would you like to be resuscitated? Yes No