



## **Waukon Wellness Center**

1220 3<sup>rd</sup> Avenue NW, Waukon, IA 52172 Ph. 563-568-0074

### **Waiver and release of liability**

In consideration of my membership and being able to use the Waukon Wellness Center (WWC) facilities, equipment, and fitness classes, I do hereby release employees, volunteers, and all others who are involved from any and all present and future claims resulting from negligence for loss, damage, theft of personal property, personal injury, and equipment of the WWC and also arising out of or relating to participation in any WWC classes, however the same may occur; and I also hereby voluntarily waive, release and covenant not to sue the above named persons for any such claims resulting from negligence, both present and future, that may be made by any family members, any personal representatives, any next best friend, or any estate representatives, heirs, beneficiaries, or assigns arising out of or relating to the foregoing.

I understand that I must be able to use all equipment independently. I am aware that the WWC may include vigorous cardiovascular activity (i.e. aerobics, treadmills, bicycles) and strenuous exertion of strength training (i.e. weight machines, free weights). I understand that these and other physical activities at the WWC may involve certain risks, including but not limited to, death, heart attack, stroke, serious neck and spinal injuries resulting in complete or partial paralysis and injury to joints, muscles or bones. I am voluntarily participating in WWC activities with knowledge of the dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further understand that I need to report any injuries to the WWC staff so an incident report may be completed and any expenses incurred from care or treatment for the injury are my responsibility.

I understand that this waiver is intended to be as broad and inclusive as permitted by the State of Iowa and agree that if any portion is held invalid, the remainder of the Waiver and Release of Liability will continue in full legal force and effect.

I affirm that I am of legal age, that I understand the terms and provisions hereof, and am freely and voluntarily signing the Waiver and Release of Liability. If I am under the age of 18, I must have a parental signature. Our signatures here to acknowledges our full understanding of this Agreement and our agreement to abide by and be bound by all of the provisions herein on behalf of my parents and as well as on my behalf.

**I HAVE READ THIS FOREGOING RELEASE, AND UNDERSTAND ITS TERMS.  
I FREELY AND VOLUNTARILY SIGN THE SAME.**

**NOTICE: THIS IS A RELEASE-READ BEFORE SIGNING!**

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Member Signature

Date

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Parental Signature (if required)

Date



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**Membership contract**

Member #:

Primary Member Name: \_\_\_\_\_ Sex: F - M

Street: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Grade, if student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone # for Contact: \_\_\_\_\_

Employer: \_\_\_\_\_

**Additional Members:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to Primary Member \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Membership Id # \_\_\_\_\_

**I have read, understand, and will abide by the rules and regulations of the Waukon Wellness Center.**

This Month's Prorated Fee: \_\_\_\_\_

Next Month/Year Fee: \_\_\_\_\_

Member Signature or (if required) Parental Signature \_\_\_\_\_

Date \_\_\_\_\_

TOTAL: \_\_\_\_\_

**Office Use ONLY:**

- Student
- Single
- Couple
- FitPLUS
- Family
- Senior
- Senior Couple
- Walking Track

**Payment Type:**

- Yearly Paid in Full
- Yearly Paid Monthly
- Direct Debit completed
- Monthly

- Cash
- Check
- Credit/Debit