



Waukon Wellness Center
 1220 3rd Avenue NW, Waukon, IA 52172 Ph. 563-568-0074
Membership contract

Member #: _____

Primary Member Name: _____ Sex: F - M

Street: _____ City, Zip Code: _____

Date of Birth: _____ - _____ - _____ Age: _____ Grade, if student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Employer: _____

Emergency Contact: _____ Phone # for Contact: _____

Additional Members:

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

Name: _____ **Member Id #:** _____

Date of Birth: _____ / _____ / _____ Relationship to Primary Member: _____

Cell Phone: _____ Email: _____

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

X _____ X _____

Member Signature *or (if required) Parental Signature* **Date**

This Month's
 Prorated Fee: _____
 Other Fees: _____
TOTAL: _____

Office Use ONLY:

<input type="checkbox"/> Student	<input type="checkbox"/> Family	Payment Type:	<input type="checkbox"/> Cash
<input type="checkbox"/> Single	<input type="checkbox"/> Senior	<input type="checkbox"/> Yearly Pd in Full	<input type="checkbox"/> Check
<input type="checkbox"/> Couple	<input type="checkbox"/> Senior Couple	<input type="checkbox"/> Yearly Pd Monthly	<input type="checkbox"/> Credit/Debit
<input type="checkbox"/> FitPLUS	<input type="checkbox"/> Walking/Walking Couple	<input type="checkbox"/> Direct Db Complete	
		<input type="checkbox"/> Monthly	

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Waukon Wellness Center

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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 Waukon Wellness Center and also arising out of or relating to participation in any Waukon Wellness Center 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 Waukon Wellness Center 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 Waukon Wellness Center 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 Waukon Wellness Center 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 Waukon Wellness Center 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 acknowledge 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!

X _____ X _____
Member Signature Date

X _____ X _____
Parental Signature (*if member under 18*) Date