

Villisca Wellness Center

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Place of Employment: _____ Date of Birth: _____

Date of Enrollment: _____ Payment Style: Monthly Yearly

Email address: _____ Amount Paid: _____ Date paid: _____

Please Read and Sign Below

Waiver for Voluntary Participant in Wellness Center

I wish to use the Villisca Wellness Center located at Enarson Elementary School Building, 219 Central Ave., Villisca, IA 50864. As part of my membership and the use of the facility, I agree as follows:

1. My signature certifies that I will use the Villisca Wellness Center at my own risk.
2. I recognize that use of the Villisca Wellness Center can be revoked if I exhibit any behaviors that are not in accordance with any applicable wellness center rules and regulations and/or are not professional in nature.
3. I recognize that my first key is free and the second key for my family is \$5.00.
4. I recognize the fee to replace any lost or stolen key access card is \$20.00.
5. I recognize that there are dangers inherent in any weight or cardiovascular equipment. I will use the equipment located at the Villisca Wellness Center at my own risk. The Villisca Community School District has no responsibility to supervise my use of the wellness center or my participation. I will exercise all due care in the use of the Villisca Wellness Center and the equipment located there. I will only use the Villisca Wellness Center and equipment as it is intended.
6. I recognize that the wellness facility is monitored with cameras at all times and may be used as evidence to behaviors that are not in accordance with any applicable wellness center rules and regulations and/or are not professional in nature.
7. If I am unfamiliar with any item of equipment, I will read the instructions printed on that item before using it or seek assistance.
8. I certify that I am in sound health and am able to engage in a fitness program that I will design. I will seek medical advice on my own behalf while developing my program. The Villisca Community School District has no responsibility to review my physical status or health condition.
9. I hereby release the Villisca Community School District, its affiliates, officers, and employees from any claims, demands or liabilities of any type or nature arising from or related to my participation of activities in the Villisca Wellness Center and in the use of the equipment located there, and waive any such claim, demand, or liability.

My signature and waiver certifies that I meet all the membership requirements and that I have read the **WAIVER AND RELEASE FOR VOLUNTARY PARTICIPATION IN WELLNESS ACTIVITY** form.

I understand that completion of this release is required prior to my participation or use of the fitness center. I have signed and dated the form and have been given a copy of the signed form.

Member or Legal Guardian of Minor

Date

CARD NUMBER _____

Signed Villisca Wellness Center Rules



Villisca Wellness Center Rules

Attire:

- No outdoor or open-toed shoes allowed. You must have a second pair of athletic shoes and change before using the equipment.
- Proper gym attire must be worn at all times. No blue jeans or zippers can come in contact with equipment upholstery.
- Shirts and shoes must be worn at all times.

Age Requirement:

- Students in 6th grade and younger must have someone at least 21 years old accompany them.
- Students in 6th grade and younger are not allowed in the weight room.
- 7th – 12th grade students are not allowed in the weight room without supervision of a coach/parent.
- High school graduates may use the equipment without supervision. High school graduates are considered eligible to use family pass up to age 22.
- 3 Year Olds and under are free with adult supervision at all times.

Care of Facilities:

- No food allowed. Water and sports drinks in suitable containers are acceptable.
- No glass bottles allowed.
- After lifting, all weights must be placed on the racks and equipment must be wiped down with sanitary wipes.
- Remove all trash and personal items after each use.
- DO NOT lean bars against the walls.
- Clean all equipment with disinfectant wipes provided after use.
- No gym bags allowed lying around in workout area.
- DO NOT drop weights.

Access to Facilities:

- Fees-\$20 – Single Monthly Membership - \$220 yr, \$25 – Family Membership with 2 members - \$275 yr*, \$30 – Family Membership with 3 members - \$330 yr*, \$35 – Family Membership with 4 or more members - \$385 yr*, School Employee- \$5.00/month for single membership and \$5.00 for each family member up to \$20.00 max/month.
- Membership cards are not allowed to be shared with others. Allowing others (including minors) to access the facility with your card may result in loss of membership.

Behavior/Other:

- Improper usage, language and/or behavior will result in loss of privileges.
- Everyone is strongly encouraged to have his/her physician's approval before beginning an exercise program.
- The Villisca Community School District assumes NO RESPONSIBILITY for injuries or loss of personal property while using the facility.
- Anyone using mechanical equipment should read the posted use instructions. For your safety equipment should not be used without proper instructions.

The district maintains the right to terminate membership at any time. Membership may be suspended for up to 30 days for violation of rules without board action. If the district deems it necessary, membership may be terminated by board action. The member may request a hearing in front of the board for final decision.

Member or Legal Guardian of Minor
By signing, I agree to abide by the stated rules.

Date