

The Wellness Center Program Registration Form

Section 1

Last Name _____ First Name _____ Phone _____

If you are a Non-Member, please continue to Section 2. If you are a Member, please continue to Section 3.

Section 2 - Non-Member Information

Street Address _____ City/State/Zip _____

Daytime Phone _____ Date of Birth _____ E-Mail _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Section 3 - Class Registration

Program Name	Session Dates	Instructor Name	Days/Time	Circle Member/Non-Member	Class Fee
			M T W Th F S S Time: _____	M / NM	

CONSENT FOR EXERCISE

Total: _____

I acknowledge that my participation at or use of the Wellness Center (TWC) facilities, aquatics, gymnasium, equipment, classes, Special Programs, any transportation provided by TWC, Kids Club, locker facilities and all other areas within TWC is of a voluntary nature with a risk of injury. I hereby assume all risks of injury which may result from or arise out of my participation at or use of TWC, and I agree on behalf of myself and my heirs, executors, administrators and assignees, to fully and forever release and discharge TWC and Northwest Community Hospital and its respective officers, directors, employees, agents, successors and assigns, and each of them (collectively, the "Releases") from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my participation at or use of TWC. Further I hereby agree to waive any and all such claims, damages, demands, rights of action or causes of action. Further, I hereby agree to release and discharge the Releases from any and all liability for any loss or theft of, or damage to, personal property.

NON-MEMBER UTILIZATION POLICY: Participants signing up for session who are not members of The Wellness Center are welcome to utilize the locker areas up to 30 minutes prior to the session starting time and up to 30 minutes following the session ending time. Non-member participants must also check-in at the front desk.

REFUND POLICY: Refund requests must be submitted to the Fitness Manager accompanied with a physician's note. At that point the fitness management team of The Wellness Center will determine a refund.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a waiver and release of liability. Furthermore, I acknowledge that I have read the Special Programs policies.

Signature of Participant: _____

Date: _____

(or legal guardian if under 18)

Payment Options-Please choose one and fill out completely

Cash Check
Check # _____
(Payable to The Wellness Center)

Credit Card - We accept Visa, MasterCard, Discover, & AMEX
 Card on File

Card Number: _____

Expiration Date: ____ / ____

Club Account
Signature _____

***Please note:** A physician's note is required 24 hours before the first class for all pre & postnatal classes.

