



IOWA TRIBE OF OKLAHOMA (ITO) WELLNESS CENTER (ITOWC) Enrollment and Waiver Form

(For Office Use Only)
Verified
By: _____
Date: _____

Enrolling as:
 Member Guest
Personal Information:

(Application applies to Wellness Center)

Name: _____ Birth date: _____
First Middle Last Suffix

Address: _____ City _____ State _____ ZIP _____

Home phone: (____) - _____ - _____ Work phone: (____) - _____ - _____

Tribal affiliation: _____ Mobile phone: (____) - _____ - _____

*Email: _____ Mobile provider: _____

*I wish to receive updates by: Email: Yes No Text message: Yes No

*(This information is to be used to provide information and updates related to our services. This information will not be shared with a third party.)

Please check all that apply:

- Iowa Tribe of Oklahoma citizen
- ITO family member (lives in household)
- Other tribal member
- Senior (60+)
- ITO employee
- ITO employee family member
- Community
- Day Pass

ITO PFC Medical/ Diabetes/Behavioral Health referral? Yes No

Emergency Contact:

Name: _____ Phone number: _____ Relationship: _____

Waiver of Responsibility/Liability for Personal Injury

I understand and acknowledge that the activity and events held by the ITOWC will expose me to inherent risks such as accidents, injuries, illness or even death. I assume all risks associated with my participation and acknowledge that I am physically fit and mentally capable of performing the activity I choose to participate in.

I, _____, do hereby waive the right to hold responsible the Iowa Tribe of Oklahoma, or any of its entities, or any person or individual connected with the wellness center and facilities or any of its entities of any injury which I might incur while on the premises of the wellness center and facilities or while utilizing any of the equipment therein. Any injury that I might incur while on said premises will be my sole responsibility. I accept the *ITOWC Rules and Regulations* and I understand that I must follow all facility regulations for the wellness center and facility. If I do not, my membership is subject for immediate withdrawal.

Signature _____ Parent signature (if applicable)* _____ Date _____

****Parent/guardian MUST sign if the participant is under 18 years of age and supply the following information:**

Parent/guardian information Name(s) and cell phone: _____

Mother's employer: _____ Work phone: (____) - _____ - _____

Father's employer: _____ Work phone: (____) - _____ - _____

Iowa Tribe of Oklahoma

Wellness Center

(Membership applies to all wellness center facilities)

Photograph Consent and Release Form

1. I hereby grant the Iowa Tribe of Oklahoma, its agents and others working for it or on its behalf and their respective licensees, successors and assigns the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived (herein "images"), or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the Iowa Tribe of Oklahoma.
2. I agree that any images or anything derived therefrom created by the Iowa Tribe of Oklahoma is owned by the Iowa Tribe of Oklahoma. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form of such images.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

Participant name (print)

Participant signature

Date

Parent/legal guardian (print)

Parent/legal guardian signature

Date

Iowa Tribe of Oklahoma Wellness Center

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY APPLIES TO THE FOLLOWING FITNESS CENTER: Iowa Tribe of Oklahoma Wellness Center

I, _____, in consideration for the Iowa Tribe of Oklahoma granting me access to use the wellness center, agree as follows:

I understand and expressly acknowledge that all physical exercise has inherent dangers. I fully realize the risks to my person associated with the use of exercise equipment, including, but not limited to, the use of free weights, weight machines, cardiovascular machines and other fitness devices and/or equipment and exercise activities. I further acknowledge that using fitness equipment and/or participating in exercise activities could result in substantial and serious hazards and risks of personal injury and/or death.

I hereby waive, release and forever discharge the ITO wellness center and facilities, their affiliates, members, managers or employees, if any, from all claims, demands and liabilities, whether known, unknown, foreseen or unforeseen, future or contingent, for any and all property damage, personal injury and/or death arising from or relating to my use of the wellness center and facilities. I fully assume all risks associated with the use of the wellness center and facilities.

It is my sole responsibility to be familiar with the equipment I may use and/or activities I may participate in. I understand and acknowledge that the wellness center may not be monitored or supervised. I agree to use the facility and its equipment in a safe, reasonable and courteous manner.

I understand the ITO wellness center is video monitored inside and outside the building 24 hours a day 7 days a week.

I hereby agree to follow and fully comply with any and all policies and/or rules regarding the use of wellness center, including, but not limited to, the rules and regulations of the wellness center and facilities.

THIS IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, YOU ARE RELEASING THE WELLNESS CENTER AND ANY OTHER RELATED PARTIES FROM LIABILITY. PLEASE READ THESE PROVISIONS CAREFULLY.

Participant name (print)

Participant signature

Date

Parent/legal guardian (print)

Parent/legal guardian signature

Date

Iowa Tribe of Oklahoma Wellness Center

Rules and Regulations

In order to promote and safe environment and protect the privacy of our patrons (which includes, members, guests, visitors and children), the following rules and regulations are in place for all wellness facilities.

1. All members and visitors should check in at the front desk with a key tag. A \$5 fee **will** be charged for replacing a lost key tag.
2. Childcare is **not** provided at the wellness center and facilities. Children under the age of 16 need to be supervised by an adult at **all times**. If children are left unsupervised or are disruptive to patrons or staff, you may be asked to leave.
3. Only children 13 years of age or older may use weight equipment or cardio machines. Children are **not** to be left unattended.
4. Wellness center members and visitors should wear appropriate clothing (tennis shoes, shorts, t-shirts, warm-up suits, etc.) Absolutely no open toed shoes allowed. Wellness center only allows ear buds and headphones. No Bluetooth speaker systems are allowed.
5. Please return all equipment (weights, medicine balls, steps, mats, etc.) to designated racks and storage areas after use.
6. Patrons are responsible for their behavior as well as the behavior of any children under their care at the Wellness Center and facilities. Patrons are to ensure the proper and safe use of the equipment and facilities. Misuse or abuse of Wellness Center property is a violation of these Rules and Regulations and in addition to other remedies, the Patron will be held accountable for repairs/replacement of damaged property.
7. Patrons are responsible for personal items lost, stolen or damaged at the wellness center.
8. Tobacco products, alcohol, drugs and firearms are prohibited on the wellness center property.
9. Foul and/or abuse language will **not** be tolerated in any form including music, clothing, gestures, etc.
10. Food and beverages are **not** allowed with the exception of capped, spill proof, non-glass containers.
11. Patrons are **not** permitted to take video, photographs, or any other type of recordings in Wellness center and ITO property.
12. Preventive maintenance is everyone's responsibility. As a patron please abide by the posted signs for maintaining equipment and practicing good housekeeping. Patron is responsible for wiping down equipment with disinfectant wipe or spray after use.
13. Patrons who exhibit behavior in violation of these rules and regulations may have their services suspended, terminated, or be excluded from the premises, dependent upon the severity of the incident or repeated incidents of such behavior.
14. No refunds on paid memberships.
15. ITO Wellness Center may limit number of patrons in the building at one time based on COVID-19 protocols, ITO policy and procedures, and Centers for Disease Control and Prevention guidelines.

The Iowa Tribe of Oklahoma

Wellness Center

RECEIPT AND ACKNOWLEDGEMENT OF RULES AND REGULATIONS

The Iowa Tribe of Oklahoma Wellness Center Rules and Regulations apply to the Iowa Tribe of Oklahoma Wellness Center. Anyone who does not abide by these rules will be asked to leave.

I acknowledge that I have received, read and understand the rules and regulations. I further acknowledge that the rules and regulations are subject to change without prior notice and at the sole discretion of the wellness center at any time.

I understand that failure to comply with the rules and regulations or Wellness Center staff may result in my being excluded from the premises of Iowa Tribe of Oklahoma Wellness Center.

ITO Wellness Center hours of operation is 24 hours a day 7 days a week.

For medical emergency, please contact 911, Iowa Tribe of Oklahoma Police (405) 547-5355.

For any other emergency, please contact ITO Wellness Center (405) 547-4353.



Signature

Date

Wellness Center Staff

Date