



Agreement and Release of Liability Form

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Independence School District Wellness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Independence School District, its officers, agents, employees, representatives, and board members (collectively "District") from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility or from any condition of the premises. By the use of the facilities of the Wellness Center and the execution of this Agreement, I expressly agree that the District shall not be liable for any damages arising from personal injuries sustained by me in, on or about the premises of the facilities or as a result of using the facilities and the equipment therein. I assume full responsibility for any such injuries or damages that may occur to me in, on or about the facilities and further agree that the District shall not be liable for any loss or theft of personal property. I also specifically agree that the District shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by the District, whether such negligence is present at the signing of this Agreement or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by the District. (**Please initial _____**)
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (**Please initial _____**)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Independence School District Wellness Center or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have medical recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (**Please initial _____**)

Date _____ Signature _____



Independence School District Wellness Center Health History Questionnaire

Name _____ Building/Dept. _____

Home Address _____

Telephone Home _____ Work _____ Gender _____

Height _____ Weight _____ Age _____ Birth date _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with the Independence School District Wellness Center, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- 1. Have you had a heart attack, heart surgery, cardiac catheterization, coronary angioplasty, pacemaker/implanted defibrillator, heart valve disease, heart failure, heart transplantation, or congenital heart disease?
- 2. Do you experience chest discomfort with exertion?
- 3. Do you experience unreasonable breathlessness?
- 4. Do you experience dizziness, fainting, or blackouts?
- 5. Do you take heart medications?
- 6. Do you have diabetes?
- 7. Do you have asthma or other lung disease?
- 8. Do you have burning or cramping sensation in your lower legs when walking?
- 9. Do you have musculoskeletal problems that limit your physical activity?
- 10. Do you take prescription medications?
- 11. Are you pregnant?

***If you marked yes to any of the above, physician's consent is encouraged.**

- 12. Are you a man older than 45 years?
- 13. Are you a woman older than 54 years?
- 14. Do you smoke, or have stopped smoking w/in the last 6 months.
- 15. Do you have high blood pressure, being treated for high blood pressure?
- 16. Has your physician ever told you have high cholesterol?
- 17. Do you have family history of heart attack or heart surgery before age 55?
- 18. Are you more than 20 pounds overweight?
- 19. Are you physically inactive (you get less than 30 min. /at least 3 x. per wk.

***If you marked yes to 2 or more questions in this section, physician's consent is encouraged.**

If you are over 69 years of age and do not regularly exercise, check with your doctor.

What are your specific fitness goals at Independence School District Wellness Center?

(Indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Increase strength and endurance | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve muscle tone |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Other _____ |

What are your specific health goals at Independence School District Wellness Center?

(Indicate all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve nutritional habits |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Control cholesterol |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Achieve balance in life |
| <input type="checkbox"/> Improve productivity | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Feel better overall | <input type="checkbox"/> Increase my health awareness |
| <input type="checkbox"/> Other (please be specific) _____ | |

What motivated you to join Independence School District Wellness Center? (Indicate all that apply)

- Convenience/location
- Membership promotion
- Attended an Independence School District Wellness Center health promotion event at work
- Peer support
- Medical reasons
- Tried Independence School District Wellness Center as a guest
- Other _____

I have read, understood, and completed this questionnaire. I answered all questions completely and accurately and to the best of my ability.

Name _____ Date _____

Signature _____

STAFF USE ONLY	
Cleared to exercise _____	Not cleared to exercise _____
Reason _____	
Staff Signature _____	Date _____
Resting Heart Rate _____	Resting Blood Pressure _____
EP _____	



INDEPENDENCE SCHOOL DISTRICT WELLNESS CENTER
Member Registration Form

Name: _____ Date: _____ / _____ / _____

Member Type: Employee - Spouse of Employee - Retiree - Spouse of Retiree

Sponsoring Employee / Retiree (Spouses Only): _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ Work Phone (____) _____

Email: _____ Work Location: _____

Birth Date: _____ / _____ / _____ Gender: Male or Female

Emergency Contact: _____ Emergency Contact Phone: (____) _____

The undersigned agrees to abide by the rules and policies of Independence School District Wellness Center, including the completion of the medical questionnaire. The undersigned acknowledges and understands that any information obtained by the Wellness Center will be maintained solely by the Wellness Center and only accessible by Wellness Center staff as needed, and that such information will not be part of other district records, including personnel records, and will not be accessible by employees outside the Wellness Center.

The undersigned guest agrees that all use of Independence School District Wellness Center facilities, services and programs shall be undertaken at his (her) sole risk and that the Independence School District shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the facilities, services and programs. The individual for himself (herself) and on behalf of his (her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue the Independence School District, its officers, agents, employees and board members from all such claims, demands, injuries, damages or causes of action, with respect to use of Independence School District Wellness Center facilities, services and programs.

The undersigned guest declares he (she) has completed the enclosed medical questionnaire as required by Independence School District Wellness Center, and he (she) declares he (she) is physically able to participate in physical activity and/or exercise testing. Furthermore, guest declares that the Independence School District Wellness Center has advised him (her) to obtain a medical clearance in the event he (she) answers "yes" to any of the medical history questions. If he (she) is unsure of his (her) physical health, the guest represents that he (she) is physically capable of pursuing physical activity and/or exercise testing at Independence School District Wellness Center without such steps being taken. If guest wishes to participate in Group Exercise classes at Independence School District Wellness Center, he/she must obtain a Physician's Clearance form, should one be necessary based on individual's health history, prior to class participation. Guests wishing to participate in physical activity and/or exercise testing at Independence School District Wellness Center will assume full responsibility for their health and well being and assume all risks of such exercise and testing at Independence School District Wellness Center.

Member Signature

Date



Independence School District

Wellness Center Policies

*Please read and initial each item

Hours of Operation: The Wellness Center will be open from 5 AM-7 PM Monday-Thursday; 5 AM-6 PM Friday; 8 AM-12 PM Saturday; CLOSED Sunday.

Parking: Wellness Center parking is available on N. Woodland St. in the covered parking garage. Handicap accessible parking is available on W. Maple Ave.

Membership Fees: There is no cost for membership for ISD full-time employees, part-time employees working 25+ hours a week, spouses, dependents ages 18-26, and retirees.

Group Exercise: Classes are fee based at \$15 per month/per person for unlimited classes.

Locker Rooms: Locker rooms are located on the back wall in the Wellness Center. Showers, lockers, restrooms and sinks are available. You may bring a lock to lock your items up for the day in the locker. No locks are to be left on lockers over night.

Attire/Footwear: Tennis shoes are required to use the equipment in the Wellness Center. Appropriate workout attire must be worn to exercise and stomachs must be covered.

Food and Beverages: Water is allowed in the Wellness Center. Please keep food limited to healthy items.

Inclimate Weather: During incimate weather, the Wellness Center will follow the closure system of Central Office. If Central Office is closed for any reason, the Wellness Center will also be closed.

District Policies: All District policies apply to the Wellness Center.



Independence School District Wellness Center Wellness Center Orientation and User Agreement

Last Name: _____ First Name: _____ Date: _____

Participant – Check One:

Employee ID#: _____

Spouse of Employee:

- Name of Employee: _____
- Employee ID#: _____

Retiree:

Spouse of Retiree:

- Name of Retiree: _____

-User Agreement-

Independence School District has a Wellness Center located at Central Office, Independence MO. The use of this Wellness Center is a privilege available to all Independence School District employees and certain guests. Use of the Wellness Center is purely voluntary and is not a condition of employment nor is it within the scope of employment. The goal is to provide a whole body approach to fitness, including use of an aerobic activity area, strength training machines, free weights and a walking path located outside Central Office.

A signature on this document indicates the Participant’s willingness to help maintain the Wellness Center to be clean, healthy, and safe. In addition, it confirms that the Participant will abide by all Wellness Center Policies and Rules and treat all users of the Wellness Center with the proper respect in order to maintain the privileges of using the Wellness Center.

The Participant gives his/her consent to the Independence School District to use his/her name, picture, likeness, writings, opinions, beliefs, biographical information, audio tape and/or video tape recordings, sound or silent motion pictures in any medium and any other information or data provided to the Independence School District for research, editorial, educational, promotional and advertising purposes, and/or for any other purpose in furtherance of the purposes and objectives of the Independence School District.

Participant Signature: _____ Date: _____

New Member Orientation: I provided an orientation to the above named Participant regarding the proper use and care of the Wellness Center and equipment. The Participant has received the Wellness Center Policies and Rules and agrees to abide by them. This Participant has also reviewed and signed the Wellness Center Agreement and Release of Liability form.

Staff Signature: _____ Date: _____