

Fitness Participant Registration Agreement and Health Questionnaire

Mutch Women's Center
 For Health Enrichment
 5019 S. Western Ave, Suite 200
 Sioux Falls, SD 57108
 (605) 328-7155



Name: _____ Date of Birth: _____

Phone: _____ Email Address: _____

Address: _____ City/State: _____ Zip: _____

Emergency Contact and Phone: _____

Physician/Hospital: _____

Would you like to be added to the Mutch Women's Center for Health Enrichment mailing list? Yes No

1. Have you been diagnosed or experienced heart disease or hypertension?	NO	YES	²
2. Have you been diagnosed or experienced a stroke?	NO	YES	
3. Have you been diagnosed or experienced epilepsy or seizures?	NO	YES	
4. Have you been diagnosed or experienced COPD, asthma or emphysema?	NO	YES	
5. Have you been diagnosed or experienced diabetes?	NO	YES	If yes, circle: • Type 1 or Type 2 • Insulin or Oral or None
6. Have you been diagnosed with a chronic disease?	NO	YES	If yes, list diagnosis ¹ _____ Are you currently undergoing treatment? Please circle: Yes or No
7. Have you experienced chest pain within the last month?	NO	YES	
8. Have you lost consciousness or fallen as a result of dizziness?	NO	YES	
9. Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise?	NO	YES	
10. Do you have muscle/bone/joint problems that are aggravated by exercise?	NO	YES	
11. Are you pregnant or less than 12 weeks post-natal?	NO	YES	If yes, due date/delivery date: _____
12. Do you smoke or have you quit smoking within the previous 6 months?	NO	YES	
13. Please list any special considerations (For example: vision impairment, hearing impairment, etc.):			
14. Please list any prescription medications you take on a regular basis:			
15. Please list any allergies (For example: latex, bees, etc.):			

Notice: Participant acknowledges that he/she has read, understands and received a completed, signed copy of this agreement.

Participant's Signature _____ Date of Signature _____

Reviewed: _____
 Initials & Date Initials & Date Initials & Date Initials & Date

Office Use: _____

Express Assumption of Risk, Binding Release, Waiver and Indemnification of Liability

Participant represents that Participant and Participant's family and guests, are physically able and qualified to participate in physical activities and the use of the facilities provided by the Mutch Women's Center for Health Enrichment. Participant acknowledges and agrees that all activities and use of the Mutch Women's Center for Health Enrichment's services and facilities by Participant and Participant's family and guests are accepted "as is" and shall be undertaken at the sole risk of Participant. Participant understands that there is risk involved in physical activities, including risks of bodily injury, partial or total disability, paralysis and death, as well as other foreseeable and unforeseeable damages, including damage to property. Participant understands that there is also a very remote possibility that Participant might be exposed to bodily fluids (i.e., blood) which may contain the Hepatitis B agent or HIV virus. Participant knowingly and voluntarily acknowledges Participant's full understanding of said risks and assumes such risks on behalf of Participant and Participant's family and guests.

On behalf of Participant and Participant's family and guests, and their respective heirs, executors, administrators and assigns, Participant hereby waives and relinquishes any claims, rights and causes of action that Participant or Participant's family or guests may have against Sanford Health or the Mutch Women's Center for Health Enrichment and its affiliates, trustees, employees, agents, successors and assigns, for any injuries or damages to Participant or to Participant's family or guests, arising out of the use of the Mutch Women's Center for Health Enrichment's services or facilities, whether or not arising from acts of active or passive negligence on the part of the Mutch Women's Center for Health Enrichment, its employees or agents.

On behalf of Participant and Participant's family and guests, and their respective heirs, executors, administrators and assigns, Participant hereby agrees to indemnify and hold harmless Sanford Health or Mutch Women's Center for Health Enrichment, and its affiliates, trustees, employees, agents, successors and assigns, from any and all claims, demands, actions, costs or causes of action, including attorneys' fees and costs of defense, relating to any such injuries and damage arising out of or connected with Participant's use or use by Participant's family or guests, of any of the Mutch Women's Center for Health Enrichment services or the premises where the same are located wherever or however they occur.

Participant hereby gives authorization to the Mutch Women's Center for Health Enrichment staff to act in accordance with their best judgment in case of any injury or emergency that may occur for Participant, Participant's family or guests. Should medical care be necessary, Participant agrees to pay the reasonable cost of such medical care or treatment.

Class Registration:

Pre-registration is encouraged. Walk-ins are welcome if class space is available. Classes are filled on a first come, first serve basis.

Cancellation/Late Arrival/No Show:

In order to provide class opportunities to all interested participants:

- Class cancellations are requested; call (605) 328-7155. If no one is available to take your call, please leave a message indicating your name and phone number, the name, date and time of the class registration you are cancelling.
- Failure to notify the office of your cancellation prior to class start time may result in a charge for the class.
- Cancellations for pre-paid registrations received prior to class start time will be issued a full credit on account refund to be used toward future services.
- **Late Arrival:** If you find that you are running more than 15 minutes late for your class, please notify the office to ensure that the class is being held.
- **No Show:** If class is at full capacity and you do not show up for class, you will be charged for the class.

Class Cancellations by Mutch Women's Center for Health Enrichment (MWCHE):

In the event MWCHE cancels a class, pre-registered participants are contacted by phone. Pre-paid registered participants receive a full refund.

Refunds:

A full credit on account refund is issued for cancellations of pre-paid registrations received prior to class start time. Refunds are processed as credit on account toward future services at MWCHE. Savings options such as Value Card, Pick 4, 30/100 are non-refundable.

Payment:

Payment is required upon attendance. Payment is welcome upon registration.