

# CLINIC REGISTRATION & WAIVER



PO Box 7621, Boise, ID 83707  
(208) 639-1434

Today's Date:

Select Clinics: All 5 Clinics  Clinic #1  Clinic #2  Clinic #3  Clinic #4  Clinic #5

Amount you paid: \$ \_\_\_\_\_ Thank you!

Name:

Date of birth:

Phone:

Mailing address:

City:

State:

ZIP Code:

E-mail:

## OPTIONAL INFORMATION

Current employer:

How long?

Phone:

E-mail:

Position:

## EMERGENCY CONTACT

Name of emergency contact:

Phone:

Alt Phone:

City:

State:

ZIP Code:

Relationship:

## WOULD YOU LIKE TO REFER A FRIEND OR TWO TO BOISE RUNWALK?

Name

Address

Phone

1.

2.

## WHAT IS YOUR WELLNESS GOAL?

I have read and agree to the waiver of liability on the following page. **I agree there are no refunds.**

Signature of applicant:

Date:

Print Name:

## WAIVER OF LIABILITY FOR MEMBERS, NONMEMBERS AND VOLUNTEERS

Active Community Wellness (ACW) / BOISE RunWalk welcomes people of all socioeconomic backgrounds. ACW makes every effort to ensure that no person be denied access to programs because of financial hardship.

### **Member/Volunteer Health:**

The applicant represents that he/she is in physically sound condition and understands that participation in group exercise, clinics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that ACW assumes no responsibility for any such injury or illness.

### **Member/Volunteer Conduct:**

The applicant(s) agrees to abide by all policies and procedures of ACW and its programs; and understands that failure to act in accordance with these rules may result in expulsion from ACW membership.

**Registered Sex Offenders** (Levels 2 or 3) may not apply to become ACW members.

Is any applicant a Registered Sex Offender (Levels 2 or 3)? \_\_\_ No \_\_\_ Yes

### **Property Loss:**

The applicant(s) understands that ACW is not responsible for personal property lost, damaged or stolen while using the ACW program services, including parking lots.

### **Photograph and Video Permission:**

The applicant(s) hereby gives permission for ACW to use, without limitation or obligation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting ACW programs.

### **Insurance:**

The applicant(s) understands that ACW does not provide any accident or health insurance for its members, nonmembers, participants and volunteers, and further understands it is the applicant's responsibility to provide such coverage if needed.

### **Medical Treatment:**

The applicant(s) gives permission for ACW staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

### **Release of Liability:**

I am an adult age 18 or older and wish to participate in ACW activities. In addition, if applicable, I give permission for my dependents to participate in ACW activities. I understand that accidents can sometimes happen. Therefore, in exchange for ACW allowing me, and if applicable, my spouse and my dependents to participate in ACW activities, I understand and expressly acknowledge that I release ACW, its employees, its boards, members, volunteers, and all guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in ACW activities whether on or off the ACW premises. I understand that this release includes any claims based on negligence, action or inaction of ACW, its employees, boards, members, volunteers or guests.

**I have read this waiver and agree. Initials here please:** \_\_\_\_\_