

Don Knabe Wellness Center

Wellness Center Registration

NEW MEMBER / MEMBERSHIP RENEWAL INFORMATION:

Mark here if you are a current or former member of the Don Knabe Wellness Center

Today's Date: _____

Member Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

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

Email: _____

Emergency Contact Name: _____ Phone: (____) _____

Are you a Rancho Patient? No Yes, Rancho Number: _____

Participation in Don Knabe Wellness Center activities sometimes involves significant physical exertion. Each member is responsible for consulting with a physician to ensure that he or she is healthy enough to participate, prior to engaging in any activity.

Initials _____ **I am in good health and able to safely participate in physical activity.**
or

Initials _____ **I will talk to my doctor to make sure that I am safe to do physical activity.**

Member Signature: _____

MONTHLY MEMBERSHIP OPTIONS:

- | | |
|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Support Groups Only | Free – For participation in Support Groups only |
| <input type="checkbox"/> 7-Day Trial | Free |
| <input type="checkbox"/> Volunteer Membership | Free – Requires monthly time commitment |
| <input type="checkbox"/> VIP Membership | \$15 (Only applicable to Standing and FES programs) |
| <input type="checkbox"/> Basic Monthly Membership | \$10/month (autopay) |
| <input type="checkbox"/> Basic Zumba Membership | \$35/month |
| <input type="checkbox"/> Get Fit Zumba Membership | \$30/month (requires annual contract and autopay) |
| <input type="checkbox"/> Get Fit Paid in Full | \$110/year (requires annual contract) |
| <input type="checkbox"/> Get Fit Zumba Paid in Full | \$325/year (requires annual contract) |
| <input type="checkbox"/> Lifetime Membership | \$3600 |

Don Knabe Wellness Center

ADDITIONAL SERVICES* AVAILABLE TO MEMBERS:

- Standing Program**
- FES Bike Program**
- Lokomat Training Sessions**
- Personal Training**
- Massage**
- Pilates**
- Exercise with assistance**

*For Additional Services pricing please contact the Wellness Center

Don Knabe Wellness Center

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

"DON KNABE WELLNESS CENTER"

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

(Name of Participant)

1. That I am participating in the Wellness Center classes offered by Rancho Los Amigos National Rehabilitation Center ("Rancho Los Amigos") and Rancho Research Institute ("RRI"), hereafter called "The Activity," during which I will receive information and instruction about exercises and health. I recognize that The Activity requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in The Activity. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my full participation in The Activity. If requested by Rancho Los Amigos and RRI, I will obtain written permission from my doctor prior to participating in The Activity.

3. I hereby certify that I understand that The Activity referenced in paragraph 1 and 2 are voluntary programs offered by Rancho Los Amigos and RRI, and that The Activity does not arise from, and are not related to, within the course and scope of, or offered as medical treatment by Rancho Los Amigos and RRI.

4. Waiver: In consideration of being permitted to participate in any way in The Activity, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Rancho Los Amigos and the County of Los Angeles ("County") and its Special Districts, elected and appointed officers, employees, and agents, and RRI, its Board members and employees, from liability from any and all claims excepting those due to the gross negligence or willful misconduct of Rancho Los Amigos or the County and its Special Districts, elected and appointed officers, employees, and agents, and RRI, its Board members and employees, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

5. Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, sprains, and embarrassment, (2) major injuries such as joint or back injuries and heart attacks, to (3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all risks, injuries or damages, known or unknown, which I might incur as a result of participating in The Activity. I hereby agree that I will not make a claim for coverage under said program for any injuries or conditions arising from or related to my participation in the classes.

Don Knabe Wellness Center

Don Knabe Wellness Center – Code of Conduct

Don Knabe Wellness Center membership carries with it the responsibility of appropriate conduct. Violation of any rules or other behavior deemed by the Staff or Management to be detrimental to the safety of others may result in a suspension or loss of membership privileges.

Health and Safety

- The use of mobile phones for making or taking calls or texting & emailing is not permitted whilst using equipment
- No food is to be consumed within the Don Knabe Wellness Center
- Alcohol or illegal drugs is not permitted in the Don Knabe Wellness Center and anyone suspected of being in a state of inebriation will be prevented from making use of the facilities and services and asked to leave
- Drinks must be contained in closed plastic vessels – no glass containers allowed in the Don Knabe Wellness Center
- Equipment must not be moved, altered, modified or used in a manner other than that for which it was intended

Initial

Respect for the Facilities and Service

- All participants must be active members
- Swipe membership card at the reception desk, prior to entering the gym or attending classes and must be visibly displaying a visitor badge
- No spectators are allowed in the gym environment.
- Users must report any damage, or suspected damage to equipment or facilities. Repairs must not be attempted
- All problems, personal disputes or grievances must be addressed to the Don Knabe Wellness Center supervisor or gym monitor in the first instance

Respect for Others

- Users must limit their cardiovascular work to 20 mins if people are waiting for equipment
- Users are asked to bring a towel into the Don Knabe Wellness Center to prevent, as much as possible, perspiration from dripping onto the floor and machinery
- Users must wipe perspiration from equipment after use
- Users are requested to hold mobile telephone conversations outside the Don Knabe Wellness Center
- Users must not rest on equipment at busy times
- Users must not sit or rest on equipment and machines in between reps
- Users must Deposit litter in the bins provided.
- Users must not shout, use foul or abusive language or behave in a threatening or intimidating manner of any description towards any other user, visitor or university employee.
- Taking photos is not allowed
- Users will obey all local, State, Federal, and Civil Laws

Initial

Personal Cleanliness and Attire

- High standards of personal hygiene must be maintained and users must make every effort to deodorize before using the Don Knabe Wellness Center.
- Footwear and clothing must be clean and free from odors
- Appropriate exercise clothing must be worn. No sandals, jeans, string vests or open toed shoes are to be worn. Tops must be worn at all times

Initial

_____/_____
Print Name of Participant Signature of Participant

Date

Initial

_____/_____
Name of Guardian (if a minor or lacks capacity) Signature of Guardian

Date

Don Knabe Wellness Center

This Code of Conduct is subject to review and amendment by the Don Knabe Wellness Center Advisory Board as and when necessary

Don Knabe Wellness Center One-Year Autopay Agreement

It is agreed between Don Knabe Wellness Center and you, the undersigned Participant, that you are purchasing One-Year Autopay Agreement and Membership from Don Knabe Wellness Center according to the terms on all pages of the Membership Registration, Membership Liability Agreements, One-Year Autopay Agreement, and Code of Conduct.

Your dues will be automatically billed and collected electronically once every 1 / 12 month(s) beginning on _____ and continuing on that same day every billing period.

The length of this agreement is 12 months.

Cancellation: This agreement can be cancelled within five days of purchase of the membership. To cancel you may mail or deliver a signed and dated notice which states that you are cancelling this agreement. Our mailing address is Don Knabe Wellness Center, 7601 E. Imperial Highway, Downey, CA 90242.

_____/_____
Print Name of Participant Signature of Participant Date

_____/_____
Name of Guardian (if a minor or lacks capacity) Signature of Guardian Date