

Whirling Thunder Wellness Program Participant Activity Form



Name of Activity: Walking Wellness

(CHILDS INFORMATION)

Last Name	First Name	MI	DOB: (mm/d/y)	Age
School		Grade		
Parent / Guardian (PLEASE PRINT)			Phone	
Street Address/ Po. Box	City	State	Zip Code	
Email Address (Optional)				

By Signing you are authorizing your permission for you and your child to participate in the listed activity. You have the right to obtain a copy of this form at any time upon your request. You also have the right to withdraw your child from this activity at anytime, please offer requests in writing.

Parent / Guardian Signature	Date
-----------------------------	------

*****Emergency Contact Information*****

Please provide names and phone numbers of persons we may contact should you be unavailable during an emergency

Name	Home Phone	Work Phone	Cell phone
Name	Home Phone	Work Phone	Cell phone

*****Pick up Information*****

Please provide names of persons who are authorized to pick up your child from programming should you be unavailable. Please note that your child's safety will not release your child to any person other than who is listed.

1) _____	_____
Name	Relationship to child
2) _____	_____
Name	Relationship to child

Whirling Thunder Wellness Program Facility Waiver



In consideration of my use of the exercise equipment and facilities, along with the participation in any wellness program, or youth sport provided by the WTWC, I agree and contract, on behalf of myself, my heirs, administrators, successors, that WTWC and its insurers, employees, officers, directors and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result from the negligence of the company.

By signing of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future. Whether the same is known or unknown, anticipated, unanticipated, resulting from and arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the organization harmless any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

I agree to be solely responsible for safety and well-being of my guest and myself. I understand that the organization may not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the organization regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand that bullying, poor sportsmanship, or misconduct may result in being expelled from the facility and/or removed from participation in any program associated with the Whirling Thunder Wellness Center.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THE FOREGOING WAIVER AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date: _____

Print Name: _____

Signature: _____

Guardian Signature: _____

(If they are under 18)

Whirling Thunder Wellness Program Informed Consent



General Statement of Whirling Thunder Wellness Program Objectives:

I understand that participating in fitness related activities include but are not limited to exercises that build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease of the body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include but are not limited to aerobic activities, callisthenic exercise, and weight training to produce said benefits.

Description of Potential Risks:

I understand that the reaction of the heart, lung and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include but are not limited to abnormalities of blood pressure or heart attacks. Use of exercise equipment and cardiovascular equipment involves risk of serious injury, including permanent disability and death.

Description of Potential Benefits:

I understand that the program of regular exercise for the heart, lung, muscles and joints, had many benefits associated with it. These may include but are not limited to a decrease in body fat, improvement in blood pressure, improvement in physiological function, and decrease in heart disease.

I understand that my participation in any program is voluntary and I am free to withdraw from it at any point.

I HAVE READ THE FOREGOING INFORMED CONSENT AND VOLUNTARY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

GUARDIAN SIGNATURE: _____

(IF THEY ARE UNDER 18)

Whirling Thunder Wellness Program Medical History Form



Please check any that apply:

	Heart disease / Murmur/ Angina
	Shortness of breathe
	Eye disorder / Glaucoma
	Diabetes
	High cholesterol
	Asthma
	Seizures
	Kidney / Bladder problems
	High blood pressure
	Lung problems / cough
	Stroke
	Liver problems / Hepatitis
	Low Blood Pressure
	Sinus Problems
	Headaches / Migraines
	Arthritis
	Heartburn (reflux)
	Seasonal allergies
	Neurological problems
	Cancer
	Anemia or blood problems
	Tonsillitis
	Depression / Anxiety
	Ulcers / Colitis
	Swollen Ankles
	Ear Problems
	Psychiatric care
	Thyroid problems

Name: _____

Date: _____



RELEASE FOR THE USE OF PATIENT’S, CLIENT’S, RESIDENT’S OR EMPLOYEE’S IN INTERVIEW, PHOTOGRAPH, IMAGE, LIKENESS, NAME, AND /OR AUDIO RECORDING AND TO PUBLISH PROTECTED HEALTH INFORMATION (PHI)

I hereby authorize Winnebago Comprehensive Healthcare System (“WCHS”) to use and disclose my interview, photograph. Image, likeness, name, and/or audio recording that was made by or be on behalf of WCHS or any of its affiliates, on _____, without any fee or compensation of any kind for the purpose of promotional and/or educational use by WCHS and/or educational activities. Such disclosures may include release to radio, television, and newspapers, as well as other social media, which have their own editorial protocols, privacy policies, and information security -- all of which are beyond WCHS’s control.

- I release and relinquish to WCHS, any and all rights I may have in the use of such photograph, image likeness, name and/or audio recording, or any promotional material derived therefrom.
- I acknowledge that nothing in this Release obligates WCHS or any of its affiliates in anyway to make use of my photograph, image, likeness, name, and/or audio recording and that WCHS (or its affiliates, as applicable) will have the final authority concerning the content, use, and distribution of the promotional and/or educational materials derived therefrom.

[Patients]

Please initial: _____ I acknowledge receipt of WCHS’s Notice of Privacy Practices.

Patient/ Client/ Resident/ Employee Signature	Date-of-birth	Date
Signature of Parent/ Legal Guardian if Patient/Client/Resident/Employee is a Minor Power of attorney		Date