



**THE CHICKASAW NATION  
WELLNESS CENTER (CNWC)  
Enrollment and Waiver Form**  
(Application applies to all wellness center facilities)

**(For Office Use Only)**

Verified  
By: \_\_\_\_\_

Date: \_\_\_\_\_

**Enrolling as:**  Member  Guest  
**Personal Information:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
City State ZIP

Home phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Tribal affiliation: \_\_\_\_\_ Mobile phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

\*Email: \_\_\_\_\_ Mobile provider: \_\_\_\_\_

\*I wish to receive updates by: Email:  Yes  No Text message:  Yes  No

\*(This information is to be used to provide information and updates related to our services. This information will not be shared with a third party.)

**Please check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Chickasaw citizen          | <input type="checkbox"/> Chickasaw Nation employee |
| <input type="checkbox"/> Chickasaw family member    | <input type="checkbox"/> CN employee family member |
| <input type="checkbox"/> Other tribal member        | <input type="checkbox"/> Community                 |
| <input type="checkbox"/> Other tribal family member | <input type="checkbox"/> Community family member   |
| <input type="checkbox"/> Senior (60+)               |  |

Physician referral?  Yes  No

**Emergency Contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Waiver of Responsibility/Liability for Personal Injury**

I understand and acknowledge that the activity and events held by the CNWC will expose me to inherent risks such as accidents, injuries, illness or even death. I assume all risks associated with my participation and acknowledge that I am physically fit and mentally capable of performing the activity I choose to participate in.

I, \_\_\_\_\_, do hereby waive the right to hold responsible the Chickasaw Nation, or any of its entities, or any person or individual connected with the wellness center (to include all wellness centers), Chickasaw Nation Department of Commerce or any of its entities of any injury which I might incur while on the premises of the wellness center or while utilizing any of the equipment therein. Any injury that I might incur while on said premises will be my sole responsibility. I accept the *CNWC Rules and Regulations* and I understand that I must follow all facility regulations for the facility. If I do not, my membership is subject for immediate withdrawal.

\_\_\_\_\_  
Signature Parent signature (if applicable)\* Date

**\*\*Parent/guardian MUST sign if the participant is under 18 years of age and supply the following information:**

Parent/guardian information: Name(s): \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Work phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Father's employer: \_\_\_\_\_ Work phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

# The Chickasaw Nation Wellness Center

(Membership applies to all wellness center facilities)

## Photograph Consent and Release Form

1. I hereby grant the Chickasaw Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived (herein "images"), or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the Chickasaw Nation.
2. I agree that any images or anything derived therefrom created by the Chickasaw Nation is owned by the Chickasaw Nation. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form of such images.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

\_\_\_\_\_  
Participant name (print)

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian (print)

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date

# The Chickasaw Nation Wellness Center

## ASSUMPTION OF RISK AND RELEASE OF LIABILITY

**THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY APPLIES TO THE FOLLOWING FITNESS CENTERS: ADA WELLNESS, ARDMORE WELLNESS, TISHOMINGO WELLNESS, PURCELL WELLNESS AND TUSHKAFIT (COLLECTIVELY, THE “WELLNESS CENTERS”)**

I, \_\_\_\_\_, in consideration for the wellness centers granting me access to use the wellness centers, agree as follows:

I understand and expressly acknowledge that all physical exercise has inherent dangers. I fully realize the risks to my person associated with the use of exercise equipment, including, but not limited to, the use of free weights, weight machines, cardiovascular machines and other fitness devices and/or equipment and exercise activities. I further acknowledge that using fitness equipment and/or participating in exercise activities could result in substantial and serious hazards and risks of personal injury and/or death.

I hereby waive, release and forever discharge the wellness centers, their affiliates, members, managers or employees, if any, from all claims, demands and liabilities, whether known, unknown, foreseen or unforeseen, future or contingent, for any and all property damage, personal injury and/or death arising from or relating to my use of the wellness centers. I fully assume all risks associated with the use of the wellness centers.

It is my sole responsibility to be familiar with the equipment I may use and/or activities I may participate in. I understand and acknowledge that the wellness centers may not be monitored or supervised. I agree to use the facility and its equipment in a safe, reasonable and courteous manner.

I hereby agree to follow and fully comply with any and all policies and/or rules regarding the use of wellness centers' facilities, including, but not limited to, the rules and regulations of the wellness centers.

**THIS IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, YOU ARE RELEASING THE WELLNESS CENTERS AND ANY OTHER RELATED PARTIES FROM LIABILITY. PLEASE READ THESE PROVISIONS CAREFULLY.**

\_\_\_\_\_  
Signature of releaser

\_\_\_\_\_  
Date

# The Chickasaw Nation

## Wellness Center

### Rules and Regulations

The following regulations are in place to provide a safe environment for each person while using the wellness center. Your cooperation is appreciated.

1. All members and visitors should check in at the front desk with a key tag. A \$5 fee will be charged for replacing a lost key tag. If your key tag is damaged, please return it to the wellness center staff and it will be replaced at no charge.
2. Childcare is not provided at the wellness center. Children under the age of 16 need to be supervised by an adult at all times. If your children are left unsupervised or are being disruptive to patrons or staff, you may be asked to leave.
3. Children should be 10 years of age or over to use weight equipment or cardio machines.
4. Wellness center members and visitors should wear appropriate clothing (tennis shoes, shorts, t-shirts, warm-up suits, leotards, etc.) Absolutely no open toed shoes allowed.
5. Please return all equipment (weights, medicine balls, steps, mats, basketballs, volleyballs, etc.) to designated racks and storage areas after use.
6. If you misuse or abuse property owned by the wellness center, you will be held accountable for repairs.
7. Patrons are responsible for personal items lost, stolen or damaged at the wellness center.
8. Tobacco products, alcohol, drugs and firearms are prohibited on the wellness center property.
9. Foul and/or abusive language will not be tolerated.
10. Food and beverages are not allowed with the exception of capped, spill proof, non-glass containers.
11. Preventive maintenance is everyone's responsibility. As a patron please abide by the posted signs for maintaining equipment and practicing good housekeeping.
12. Members or visitors who exhibit behavior in violation of these rules and regulations may have their services suspended or terminated, dependent upon the severity of the incident or repeated incidents of such behavior.
13. No refunds on paid memberships.

# The Chickasaw Nation Wellness Center

## RECEIPT AND ACKNOWLEDGEMENT OF RULES AND REGULATIONS

The Chickasaw Nation Wellness Center Rules and Regulations apply to the following fitness centers: Ada Wellness, Ardmore Wellness, Tishomingo Wellness, Purcell Wellness and TuskaFit (collectively, the “wellness centers”). Anyone who does not abide by these rules will be asked to leave.

I acknowledge that I have received, read and understand the rules and regulations. I further acknowledge that the rules and regulations are subject to change without prior notice and at the sole discretion of the wellness centers at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wellness center witness

\_\_\_\_\_  
Date