



Osage County Wellness Center Fitness Membership

9.5% TAX INCLUDED (Revised 12-2019)

Name _____ Date of Birth _____

Address _____

Phone _____ Work Phone _____

E-MAIL ADDRESS _____

Membership Fees

1 Year Membership

Paid in full or 1/2 down then Monthly bank draft

Single	_____	\$347.90 or \$173.95 then \$29.00/6 mo
Couple	_____	\$597.10 or \$298.55 then \$49.76/6 mo
Family 3+	_____	\$767.61 or \$383.80 then \$63.97/6 mo

6 Month Membership

Paid in full or 1/2 down then Monthly bank draft

Single	_____	\$219.86 or \$109.93 then \$36.65/3 mo
Couple	_____	\$377.25 or \$188.63 then \$62.88/3 mo
Family 3+	_____	\$501.85 or \$250.93 then \$83.65/3 mo

3 Month Membership

Paid in full or 1/2 down then Monthly bank draft

Single	_____	\$124.76 or \$62.38 then \$31.19/2 mo
Couple	_____	\$219.86 or \$109.93 then \$54.97/2 mo
Family 3+	_____	\$285.44 or \$142.72 then \$71.36/2 mo

Orientation of Fitness equipment-\$35 by appointment

- **Couple defined as a husband/wife or a Parent/dependent child.**
- **Family defined as a husband/wife/dependent children living in the same household.**

Start date _____ End date _____

Family Members to be included in membership

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Bank draft on 1st of month	Staff Initials _____	_____ Health Form
_____ 3 mo/6 mo/1 Year memberships cannot be cancelled.	_____	_____ Membership Form
_____ 2 Insufficient funds on bank draft = full balance due immediately	_____	_____ Debit form/check
_____ Medical Freeze	_____	_____ Photo ID of all members

Agreement & Waiver

I acknowledge and understand that this is a binding contract and that I agree to pay the above amounts as set forth. I further acknowledge that there will be **NO REFUNDS**. I hereby agree to indemnify and hold Osage County Chiropractic and Wellness Center, its officers and employees, harmless from any and all injuries I/my family may suffer to ourselves/our property while utilizing this facility.

I acknowledge that if I have any physical problems it is my responsibility to consult a physician before commencing an exercise program. Osage County Chiropractic and Wellness Center will not be responsible for any injuries resulting from my failure to consult a physician

Signature of applicant _____ **Date** _____

Memberships cannot be cancelled, please purchase what you think you will use. Unused memberships will not be refunded.

Day Pass-\$5.00*

**Limited to 5 visits in one month, then you will need to decide if you would like to purchase a membership*

Membership includes use of free weights, strengthening/cardio equipment, and use of exercise videos.

***Jazzercise/Add on Membership.**

***** An individual must be a current member of Jazzercise Osage County for the Membership option below****
**** Will need to verify with Amanda on a monthly basis*****

- _____ Jazzercise member monthly fitness membership---\$20/a month on auto draft
- _____ Spouse/Child of a Jazzercise member monthly fitness membership--\$25/a month on auto draft
- _____ Couple(husband/wife) of Jazzercise member monthly fitness membership--\$35/a month on auto draft

Osage County Wellness Center

Risk Factor Screening Form

Name _____ Birthdate _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Emergency Name _____ Emergency Number _____

Yes No Coronary Risk Factor

___ ___ 1. Have you had a heart attack or any known heart disease? If so, describe ___

___ ___ 2. Are you diabetic?

___ ___ 3. Is your blood pressure reading over 140/90?

___ ___ 4. Are you over 50?

___ ___ 5. Do you smoke Cigarettes?

___ ___ 6. Has there been more than one heart attack or person with heart trouble in your family before the age of 60? (blood relative)

___ ___ 7. Your height _____ your weight _____

Orthopedic Factors

Do you have a pain with motion, swelling, or have you had surgery in any of The following areas?

___ Knee _____ Shoulder _____ Back(spinal column)

___ Ankle _____ Wrist _____ Foot

___ Hip _____ Elbow

If so, what limitations do you have? _____

Anything else about your health we should know about? _____

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Release Form

In consideration of participation in any physical activity with Osage County Chiropractic and Wellness Center, the undersigned declares that he/she is aware of the physical risks inherent in engaging in such exercising, has filled out the necessary risk factor screening information, and do hereby elect to voluntarily participate in the program and knowingly and intentionally assumes all risk of injury that may be sustained by the undersigned in connection there with, and hereby knowingly, freely, and voluntarily for myself, my heir, executors and administrators, waive and release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter occur to me arising out to or connected with my participation in any activity of the Osage County Chiropractic and Wellness Center, and do hereby hold the Osage County Chiropractic and Wellness Center, and do hereby hold the Osage County Chiropractic and Wellness Center and its respective officers, employees, and members free from any and all liability.

Signed this _____ day of _____, 20____. Signature _____