

**Osage County Wellness Center
Yoga Membership
9.5% TAX INCLUDED**



Name _____ Phone _____

Address _____

E-MAIL ADDRESS _____

**Instructor Fees- \$5 per class
and
Membership Facility Fees**

_____ \$5 a month ACH bank draft-yoga only* required fee

**Can be paid check or cash on the first month, but will be set up on a bank draft for any following months

_____ \$10 a month to add fitness equipment* optional fee

****Drafts will be the first Monday of the month****

_____ **Membership is month to month contract**

_____ **Insufficient funds-Will notify class instructor and will contact member**

_____ **Photo ID of member**

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.

To discontinue monthly yoga please provide an email to heather@occrehabks.com

Yoga Instructor fees are separate and will be collected at each class

Signature of applicant _____ Date _____

Staff initials--

_____ **Health Form**

_____ **Debit Form with voided check or written check**

**Osage County Chiropractic and Wellness Center
119 Main
Carbondale, KS 66414**

**AUTHORIZATION AGREEMENT FOR ACH RECEIPTS/COLLECTION
ACH DEBITS**

I hereby authorize _____, hereinafter called Osage County Wellness Center, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called Commerce Bank and Trust, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Payor's name _____
Payor's Address _____
City, State, Zip _____
Payor's Bank Routing Number _____
Payor's Account Number _____ Checking ___ Savings ___
Authorized Amount to Withdraw _____

SIGNATURE _____ DATE _____

Please attach a copy of a voided check along with this completed form

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 of 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 _____

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? _____
