

WellWorks Membership Agreement

MEMBERSHIP TERMS & CONSENT

- I have taken and understand the PAR-Q readiness for activity questionnaire. I will follow its recommendations.
- Memberships run from the day you join WellWorks through your membership term.
- I do hereby agree to abide by the policies and procedures of WellWorks and acknowledge that they reserve the right to revoke any membership at any time. In this case, unused membership fees will be refunded.
- Memberships must be paid in full.
- Lack of participation does not eliminate the responsibility for payment.
- ONE-MONTH and FOUR-MONTH memberships are non-refundable; no extensions.
- YEARLY memberships are not refundable unless a member leaves Athens County or provides a medical note.
- Other circumstances that require cancellation must be approved by the WellWorks Director, and will be subject to a \$30 cancellation fee.
- Memberships cannot be transferred from one person to another, not even from one family member to another.

WAIVER AND RELEASE

I desire to voluntarily participate in Ohio University's WellWorks program (including personal training and group fitness classes). I understand that during my participation in WellWorks activities, certain dangers exist, including bodily injury, such as fainting, abnormal blood pressures, dizziness, and in very rare instances, heart attacks, and/or death. More common injuries include soft tissue injuries--e.g. sore muscles, tendinitis. Every effort will be made to minimize these conditions through pre-participation screening. Should there be any reason to question my health or ability to safely participate in WellWorks, I assume full responsibility in obtaining the advice of my physician. In consideration of my entry into this program, I forever discharge Ohio University, its governing board, officers, agents, sponsors, and employees (including student employees) ("Releasees") from any harm, injury, damage, claim, demand, action, cause of action, cost or expenses of any nature which I may have or which may hereafter accrue to me or a third party and by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while I or a third party are in, on, upon or in transit to or from any WellWorks program activities. I expressly intend for this release to bind the members of my family, estate, heirs, administrators, personal representatives or assigns. I attest that I have full knowledge of any and all risks involved in participating in the WellWorks program. I further give permission for Ohio University to use data collected during the program. I understand these data will only be reported in a de-identified and confidential manner.

----- [Sign Here] [If a minor, a parent must sign.]

WAIVER - OHIO UNIVERSITY EMPLOYEES ONLY:

Pursuant to ORC 4123.01(C)(3), Ohio University, as your employer, must notify you that any injuries you sustain while voluntarily participating in these employer sponsored activities (WellWorks; Ohio University's Wellness and Health Promotion Program; and any and all activities or events sponsored by WellWroks) will not be considered an injury under Ohio Workers' Compensation and you are hereby agreeing that you are a voluntary participant and waiving these benefits.

----- [Sign Here] [If a minor, a parent must sign.]