

KODIAK AREA NATIVE ASSOCIATION'S
WELLNESS CENTER
Registration & Waiver

3400 Rezanof Drive East
 Kodiak, Alaska 99615
 Phone (907) 486-1377

Cleared by: _____

Date Rec: _____

Check One: KANA Beneficiary Registered Veteran Employee Guest

Name: _____ Date of Birth: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

I prefer to receive correspondence via: Postal Mail E-Mail Either None*

**As part of the registration process, we ask for your e-mail address to activate your membership account. This account allows for you to "check-in" to the facility for general exercise use as well as register for events, classes and services provided by the Wellness Center. We may occasionally contact you via e-mail or postal mail regarding important information about the Wellness Center and related programs available to you and your family. Your information is not shared with any outside parties and you may choose to add or remove yourself from our list at any time.*

Emergency Contact: _____ Phone: _____

Health Care Provider: _____ Phone: _____

Would you like us to consult with your Health Care Provider regarding your exercise program? Yes No

Please fill out a Release of Information to allow us to contact your Provider. (Ask the gym attendant for the form)

Would you be interested in participating in one of our customized exercise programs? Yes No

Please check any of the following that apply to you personally. Your answers will remain private and confidential.

Medical History & Exercise Readiness Questionnaire		Yes	No
1.	Are you 50 years of age or older?		
2.	Have you been diagnosed with a heart condition and told that you should only perform physical activity recommended by a doctor?		
3.	Do you feel pain in your chest when you perform any physical activity?		
4.	In the past month, have you had chest pain while NOT performing physical activity?		
5.	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
6.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
7.	Do you lose your balance because of dizziness or lose consciousness?		
8.	Do you know of any other reasons or restrictions as to why you should not engage in physical activity?		
9.	Do you feel your weight is disproportionate to your height?		
10.	Have you been diagnosed or concerned with having Pre-Diabetes?		
11.	Have you been diagnosed or concerned with having Diabetes?		

If you answered "Yes" to one or more of the previous questions, we request that you consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition and relay that to the staff at the Wellness Center.

WAIVER AND RELEASE OF LIABILITY AND TO SUE

- Initial ____ 1. In consideration of being allowed to participate in the activities and programs of the Kodiak Area Native Association and to use its Wellness Center, equipment and machinery, I agree to waive, release, defend, indemnify, hold harmless and forever discharge KANA and its officers, agents, employees, representatives, executors, and all others (collectively referred to as "KANA") from any and all responsibilities or liability from injuries or damages resulting from my/minor's participation in any activities, or my/minors' use of equipment or machinery in the above mentioned activities.
- Initial ____ 2. I understand that strength, flexibility and aerobic exercise, including using fitness equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I/minor are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I agree to assume any and all risks of injury or death to myself or my minor.
- Initial ____ 3. I agree that if I/minor engage in any physical exercise or activity or use any of the Wellness Center or equipment, that I/minor does so at my/minor's own risk. This includes without limitation, use of the parking area, sidewalk or any equipment in the Wellness Center and participation in any activity, class program or instruction. I agree that I/minor are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, including death, to myself and my minor or the contraction of any illness or medical condition that might result or any damage, loss or theft of any personal property.
- Initial ____ 4. I specifically agree on behalf of myself/minor and my personal representatives, heirs, executors, administrators, agents and assignees to release and discharge KANA from any and all claims or causes of action whatsoever that are not covered by the Federal Tort Claims Act as provided by KANA's P.L. 93-638 contract and funding agreement with the Indian Health Service, known or unknown, that may arise from or relate to negligence on the part of KANA and any of its employees or invitees. This includes, without limitation, injuries which may occur as a result of: (a) use of any exercise equipment or facilities which may malfunction or break, (b) KANA's improper maintenance of any exercise equipment or facilities, (c) my/minor's improper use of any equipment, (d) KANA's negligent instruction or supervision and (e) my/minor's slipping and falling while in the KANA's Wellness Center or on the premises.
- Initial ____ 5. I declare myself/minor to be physically sound and not suffering from any condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery at the KANA's Wellness Center. I acknowledge that KANA has recommended that I/minor have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I/minor might have his/her recommendations concerning the fitness activities and equipment use. I/minor have decided to participate in activity and use of equipment and machinery without the approval of my/minor's physician. In either case, I assume all responsibility for my/minor's participation and activities, and utilization of equipment and machinery in my/minor's activities.
- Initial ____ 6. I understand that the insurance restrictions at the KANA's Wellness Center prohibits me from hiring a personal trainer to accompany myself/minor into the facility for the specific intent to provide personal training services. I also understand that KANA has personal trainers on staff available to help me with my health and fitness goals at no charge. I/minor assume all risks associated with voluntary participation in these programs.
- Initial ____ 7. I/minor understand that participation in the KANA's Wellness Center's online community is voluntary and that I/minor am responsible for all content posted and shared. I/minor understand that I am responsible for managing my own privacy filters and will not hold KANA responsible for anything that I/minor allowed to be shared. By participating in the online community, I/minor understand that others who I/minor allow will have the ability to interact with my profile and I/minor agree to participate at my own risk. I/minor agree to behave in a respectful manner with both my/minor speech and photos and will not use vulgar or derogatory images or language. KANA will remove any images or posts deemed inappropriate and may cancel my/minor access if I do not abide by these rules. I/minor agree to follow these rules regarding online community usage.
- Initial ____ 8. I authorize KANA to use photographs and/or video taken of me while participating in Wellness Center activities for use in online and/or printed publications to show the success and outcomes of their programs. I also authorize KANA to share any photos I have publicly posted on KANA social media pages for the same purpose. I acknowledge that I will not receive any compensation for these photos; and may withdraw my permission for use of these photos or footage at any time in writing.
- Initial ____ 9. I/minor have carefully read this "Waiver and Release" and understand it is a complete and unequivocal release of liability.
- Initial ____ 10. I/minor have carefully read and understand the accompanied document "KANA's Wellness Center Policies and Use of Conduct" and agree to abide by these rules.

For the Waiver to be complete all ten paragraphs must be read and initialed and the bottom signed. If participant is a minor, the minor's parent or legal guardian must initial above and agree to the following statement on the minor's behalf.

I have read, understood, and accept the conditions listed above.

Participant's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____