



Emergency Contact Information:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**MEMBERS RIGHT TO CANCEL**

You may cancel this transaction within three (3) business days from the above date. If you cancel, any payments made by you under the contract, less twenty dollars, and any negotiable instrument executed by you will be returned within forty-five days following receipt by RWC of your cancellation notice, and any security interest arising out of the transactions will be cancelled. After you cancel, the RWC will request the return of all contracts, membership cards, and other documents or evidence of memberships. To cancel this transaction send via certified mail or deliver in person a signed and dated copy of this cancellation notice or any other written notice of cancellation to Regional Wellness Center, PO Box 477, 415 South 18<sup>th</sup> Street, Estherville, IA 51334 not later than midnight of \_\_\_\_\_.

I hereby cancel this transaction: Members Signature \_\_\_\_\_ Date: \_\_\_\_\_

Prepared for the RWC by: \_\_\_\_\_

**Agreement, Waiver and Release Form**

Unsigned Form Will Not Be Processed

In consideration for being permitted by the Regional Wellness Center (RWC) and the Estherville Lincoln Central Community School District to participate in activities at the RWC, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the above (its officers, officials, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that activities at the RWC involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense, which may incur as a result of my death or injury or property damage that I may sustain while participating in said activities.

**Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age)** I hereby consent that my son(s)/daughter(s), \_\_\_\_\_ participate in activities at the RWC, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which may incur as a result of the death or injury, or property damage that said minor may sustain while participating in said activities.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE REGIONAL WELLNESS CENTER/ESTHERVILLE LINCOLN CENTRAL SCHOOL DISTRICT AND I SIGN IT OF MY OWN FREE WILL.**

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Signature of:  Parent  Guardian  Participant if over 18

Does any participant have any condition that would prevent full participation in activities at the RWC.  Yes  No  
i.e. Asthma, diabetes, seizures, allergies, bee stings, etc.... Please note below whom and what condition(s).