

Guest Registration and Waiver Form

Today's Date: _____ Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Exercise Readiness Questionnaire

Please read each question and circle either "Yes" or "No". If you answer "Yes" to any of the questions, you will re-quire a physician release form (see Member Services Associate at the Health and Wellness Desk) prior to participation within Health and Wellness Services.

- Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No 7. Do you know of any other reason why you should not do physical activity?

I acknowledge that I have answered "Yes" to one or more of the above Exercise Readiness Questions (see above). Because of my increased medical risk factor(s), I acknowledge Sequoia Wellness requires a physician's clearance prior to participation. However, at this time I will NOT seek physical clearance and choose to continue to use Sequoia Wellness at my own medical risk. I release IWP-Rootstown (dba Sequoia Wellness), its employees and agents from any injury or illness that may occur as a result of this decision:

Signature: _____ Date: _____

Failure to sign will preclude you from any activity or event inside Sequoia Wellness

Rules and Regulations

I understand and agree that I will be fully responsible for complying with all Rules and Regulations prescribed by the Wellness Center, which may be amended from time to time, and that I have been provided a copy of the Wellness Center's current Rules and Regulations.

Waiver of Claims and Assumption of Risk Form

This Waiver of Claims and Assumption of Risk Form (the "Waiver") executed on this day by the undersigned (the "Guest"), in favor of Northeast Ohio Medical University, IWP Rootstown, LLC, ERS Strategic Properties, Inc. and their respective subsidiaries, affiliates, directors, officers, owners, managers, employees, agents, successors and assigns (collectively, the "Operator") for his/her use of the Wellness Center. The Guest does hereby, voluntarily, and without duress execute this Waiver under the following terms:

