



**MEMBERSHIP INCLUDES:**

- Club t-shirt
- Monthly newsletter via email
- Running/walking logs
- Monthly group running/walking opportunities and social events
- Shoelace token for every 100 miles achieved
- Moisture-wicking shirt for 500-mile club
- Hooded sweatshirt for 1000-mile club
- Year-end medals for most miles achieved
- Year-end medals for most races completed
- 10% discount at Runner's Flat

**MEMBERSHIP RUNS 1/1 - 12/31**

**MISSION STATEMENT:**

*To promote the sport of running among people of all ages and abilities, and to encourage runners and walkers to achieve their highest level of overall health and physical fitness.*

**MEMBERSHIP DUES: \$30**

**RULES & AGREEMENT:**

- ◆ I agree that my membership runs for the calendar year, January 1st - December 31st, regardless of when I join. Dues are non-refundable.
- ◆ If I seek to earn the incentives provided by the club, I agree to log my mileage fairly and honestly with 25% of my total miles witnessed.
- ◆ I understand that walking for my job and daily activities does not qualify for the incentives.
- ◆ I understand that this is a non-profit organization and that all dues will be used for the club *or* towards the betterment of Buchanan County communities and charities.
- ◆ I agree to release my personal information for running club purposes only.
- ◆ I have read and signed the Therapy & Wellness Connection's liability release form. (see back)

**MEMBER NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LEVEL: BEGINNER / INTERMEDIATE / ADVANCED**      **T-SHIRT SIZE:** \_\_\_\_\_

Mail to: Therapy & Wellness Connection  
 1600 First Street East  
 Independence, IA 50644

Contacts: Stacy McMahon      319-332-0852      smcmahon@bchealth.info  
 Steve Pederson      319-827-6520      swp11211954@hotmail.com  
 Kyle Troyer      319-939-3061      ucdoct@gmail.com



**Informed Consent and Release of Liability Agreement**

Thank you for choosing to use the facilities, services, and/or programs of the Therapy & Wellness Connection of Buchanan County Health Center. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following:

- 1. In consideration of being allowed to participate in any way with the Therapy & Wellness Connection, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Therapy & Wellness Connection and Buchanan County Health Center, and its officers, agents, employees, representatives, executors, and all others from any and all responsibility of liability for injuries or damages. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or use of any equipment at the Therapy & Wellness Connection.
- 2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
- 3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation at the Therapy & Wellness Connection in any way. I do hereby acknowledge that I have been informed of the need for physician’s approval for participation in any way with the Therapy & Wellness Connection. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician so that I might have recommendations regarding physical activity, exercise and use of equipment. I acknowledge that I have either had a physical examination and have been given physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in any way with the Therapy & Wellness Connection.

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the Therapy & Wellness Connection and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in understanding any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any way with the Therapy & Wellness Connection brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I further understand that the activities, programs and services offered by the Therapy & Wellness Connection are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by utilizing the Therapy & Wellness Connection, I may experience potential health risks and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during or immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop or rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about services offered by the Therapy & Wellness Connection at any time before, during or after my participation.

I declare that I have read, understood, and agree to the contents of this document in its entirety.

Signature \_\_\_\_\_ Date of Signing \_\_\_\_\_