

Guest Application/Contract

ATTENTION: SIGNATURE IS REQUIRED ON PAGE 2

Date: _____ Location: ☐ Blessing Wellness Center (Quincy) ☐ Illini Fitness Center (Pittsfield)

Name: _____
First MI Last

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (Home/Cell) _____ (Work) _____

Email: _____

Birthdate (MM/DD/YY): ____/____/____ Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to answer

Emergency Contact: _____ Phone: _____

Parent/Guardian Information (Complete for minors age 16-17. Minors under the age of 16 are not allowed to use the facility as a guest per the Membership Policy).

Name: _____
First MI Last

Phone: (Home/Cell) _____ (Work) _____

GUEST AGREEMENT & WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In exchange for my being allowed to voluntarily participate in any and all Blessing Wellness Center and/or Illini Fitness Center services and/or classes offered by Blessing Wellness Center and/or Illini Fitness Center (hereinafter referred to as "Program"), I agree to be bound by the terms and conditions listed below:

I acknowledge that I have either had a physical examination and have been given my physician's approval to participate in the Program, or that I have decided to participate in exercise conditioning activities without the approval of my physician and do so voluntarily and assume all responsibilities for my decision to participate in this Program. I understand I may withdraw from the Program at any time or stop an activity at any time of my choosing.

In accordance with my decision to use the Blessing Wellness Center and/or Illini Fitness Center, I hereby acknowledge that I have received a copy of the Membership Policy (collectively, along with any future adopted rules and regulations, the "Rules and Regulations"), and I agree to abide by the Rules and Regulations. I further acknowledge that these are subject to change at the discretion of the Employee Wellness Management and/or Blessing Hospital.

ASSUMPTION OF RISK: I understand that my voluntary participation in the activities of the Program, including set up, use of or movement of equipment, may involve risk of injury, disability, property damage and even death. I affirm that I am physically and psychologically capable of participating in exercise conditioning and that I am not aware of any condition, impairment, disease, illness or other limitation that would prevent me from safely participating in this Program. I hereby assume all responsibility for any possible risk of injury, exposure to COVID-19 or any other communicable or infectious disease whether known or unknown, or even death, which could occur as a result of my voluntary participation.

WAIVER AND RELEASE: I, individually and on behalf of my heirs, beneficiaries, relatives, personal representatives and assigns, release, hold harmless and forever discharge, BLESSING WELLNESS CENTER, ILLINI FITNESS CENTER, BLESSING HOSPITAL, BLESSING CORPORATE SERVICES and all related entities and their employees, representatives, directors and officers, and agents (hereinafter referred to as “BLESSING WELLNESS CENTER” and “ILLINI FITNESS CENTER”) from any and all claims of liability, injury, loss, expense, or damage in any way connected with my participation in exercise and fitness conditioning/training, both on and off Blessing Health System property. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, loss, injury, or damage arising from my participation in this Program.

I have read, or had read to me, this Waiver/Release of Liability. I fully understand and agree to the contents and am signing this waiver voluntarily. I understand this Release may apply to my participation in all repeat/succession classes of said Program during the course of the year.

GUEST AGREEMENT FOR MINORS:

I am the parent/legal guardian of the minor child(ren) listed on this guest contract. I acknowledge that the minor child(ren) are 16 years of age or older. I hereby agree to and enter into the above Guest Agreement for and on behalf of such child(ren), including the indemnification, assumption of risk, waiver/release of liability.

Initial: X _____

Date: _____ Signature: _____

Print Name: _____

Emergency Contact Person (Required): _____ Phone: _____