

Texhoma Christian Care Center

Policies & Procedures

- Please complete all enrollment forms including medical clearance from your physician.
- Membership fees are \$40 monthly for individuals, \$60 monthly for married couples, \$420 annually for individuals, \$660 annually for married couples.
- Membership fees are due on the 1st of every month.
- Make checks payable to: Texhoma Christian Care Center.
- Patients are the forerunners at Texhoma Christian Care Center, so please ensure they receive precedence.
- All fees must be paid in advance. There are no refunds.
- Texhoma Christian Care Center is not responsible for personal items.
- Emergency medication (asthma inhalers, nitroglycerin) must be brought to the pool area each visit if the client has a condition that can be exacerbated by exercise.
- Two piece bathing suits are not permitted unless member covers the suit with a t-shirt.
- No diving allowed.
- All members must inform the staff prior to entering the pool of any of the following: open wounds, rash, urinary or fecal incontinence, allergies to pool chemicals, fear of water, or severe weakness.
- No children or pets, please.
- Members are responsible for their own towel.
- Please return equipment to its appropriate place when you are finished.

As a member of Texhoma Christian Care Center's wellness program, I agree to abide by all the rules presented. I realize that violation of any rule could result in my dismissal from the wellness center and that, if this occurs, my dues will not be refunded.

Member's Signature

Date

Printed Name

Medical History

Date of Last Medical Exam _____

Is your cholesterol abnormal? _____

Does your father, mother, brother or sister or grandparent have heart disease? _____ If yes, state age of onset: _____

Are you pregnant? _____

Circle operations you have had:

Back	Hip	Shoulder	Knees
Neck	Bariatric	Eyes	Lung
Heart	Hernia	Kidney	Joint
Other	_____		

Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

Anemia	Gout	Ulcer
Asthma	Hearing Loss	
Back Strain	Heart Problem	
Bleeding trait	High Blood Pressure	
Bronchitis, chronic	Kidney Problem	
Cancer	Neck Strain	
Carpal Tunnel	Obesity	
Diabetes	Rheumatoid Arthritis	
Emphysema	Stroke	
Epilepsy	Thyroid Problems	
Other	_____	

Have you ever experienced any of the following:

Chest pain

Unusual shortness of breath on exertion

Unusual weakness on exertion

Pain in arm, neck, jaw, or upper back on exertion

Indigestion or abdominal pain on exertion

Irregular heartbeat

Frequent dizziness or blackout spells

Do you have any current problems with:

Shoulder

Knee

Back

Neck

Ankle

Hip

Other joint problems

Please list all medications that you take regularly.

(prescribed or non-prescribed)

Texhoma Christian Care Center, Inc.

Wellness Program

Membership Agreement/ Release of Liability and Indemnity Agreement (PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, represent that I desire to join the Wellness Program of Texhoma Christian Care Center, Inc. ("Texhoma"). I will be attending classes on Texhoma's campus, and using the equipment and facilities of the Wellness Program. As a participant in the Wellness Program, I agree to follow all of the rules of the Wellness Program and of Texhoma, as they currently exist, and as they may be amended from time to time. I agree that my right to participate in the Wellness Program and to use the Texhoma facilities and equipment shall terminate if I fail to pay the fees therefor when due (at the current rate and as they may change from time to time), or upon my violation of any of the rules of the Wellness Program, violation of any of the rules of Texhoma, or violation of any term of this document.

I acknowledge that the Wellness Program is an exercise program, and that there are risks inherently involved in any exercise program. I attest that I am providing a health history questionnaire and physician's release indicating that I am currently physically able to undertake any and all physical exercise which will be undertaken through the Wellness Program. If there is any question of my physical capacity to undertake any of the physical exercise, activities, classes, and treatments which will be provided through the Wellness Program, or if any such question arises at any time during my participation in the Wellness Program, I agree that it is my responsibility to discuss these questions with my personal physician and immediately communicate any physical limitations to the instructors and administrators of the Wellness Program. I agree that the administrators of the Wellness Program may at any time request a renewed physician's release indicating my physical ability to undertake the activities involved in the Wellness Program, and I agree that I may be immediately removed from the Wellness Program, or that my activities may be limited at the discretion of the administrators of the Wellness Program, if I fail to provide such new physician's release or if such release indicates limitations on my physical abilities.

I acknowledge that I have been advised that portions of the Wellness Program involve the use of Texhoma's swimming pool, and that no lifeguard is ever on duty at such swimming pool. I agree to use such swimming pool and its surrounding areas at my own risk. I acknowledge that my use of the swimming pool will be without supervision and that I do not expect assistance in my use, and I promise that I will discontinue use of the swimming pool if assistance or supervision becomes necessary for my safe use.

As a part of the consideration for my participation in the Wellness Program, I have read this Release carefully and hereby execute this Release of Liability with the intent to bind myself, my heirs, assigns and legal representatives. I further represent that I am at least 18 years of age and legally competent to sign this Release and Indemnity Agreement.

I fully understand and agree that the exercise, activities, classes, treatments, and use of equipment and facilities of the Wellness Center and Texhoma are physically and emotionally demanding and that by using the equipment and facilities, and by participating in Wellness Program activities, I face risks of physical or emotional injuries or both. I acknowledge that these risks include, but are not limited to, (1) loss or damage to personal property; and (2) injury or death as the result of my, (a) walking, running, jumping, lifting, using equipment, dropping weights, exercising, swimming, or other activities of the Wellness Program; (b) colliding with other people; (c) slips, falls, or exhaustion; and (d) physical and emotional interaction with other participants or staff members or both. I have fully investigated the specific facilities, equipment and activities of the Wellness Program which I will be using and participating in. As a result of my personal investigation of the facilities, equipment and activities, I acknowledge that I am aware that use of the facilities,

equipment and activities may be dangerous, and that I may suffer injuries or property damage as a result of my use and participation. Nonetheless, by my use and participation, I represent that I have voluntarily chosen to assume all risks associated with the use of Wellness Program facilities, equipment and participation in Wellness Program activities.

I agree that my participation in the Wellness Program is personal to me and is non-assignable, and that I am not allowed to bring any guests or invitees to the Wellness Program, to use the equipment, participate in activities, observe, or for any other reason, without specific prior approval of the administrator of the Wellness Program.

I EXPRESSLY AGREE AND INTEND THAT MY USE OF WELLNESS PROGRAM FACILITIES, EQUIPMENT AND PARTICIPATION IN WELLNESS PROGRAM ACTIVITIES AND TREATMENTS IS UNDERTAKEN BY ME AT MY OWN RISK AND THAT NEITHER TEXHOMA CHRISTIAN CARE CENTER, INC., ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS, NOR ANY INSTRUCTOR OR ADMINISTRATOR OR EMPLOYEE OF THE WELLNESS PROGRAM, ARE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY USE OF WELLNESS PROGRAM FACILITIES, EQUIPMENT OR PARTICIPATION IN WELLNESS PROGRAM ACTIVITIES OR TREATMENTS, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MYSELF OR ON THE PART OF TEXHOMA CHRISTIAN CARE CENTER, INC., ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR ASSIGNS, OR ANY INSTRUCTOR OR ADMINISTRATOR OR EMPLOYEE OF THE WELLNESS PROGRAM, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS, AND AGREE TO DEFEND TEXHOMA CHRISTIAN CARE CENTER, INC., ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND THE INSTRUCTORS, ADMINISTRATORS, AND EMPLOYEES OF THE WELLNESS PROGRAM, FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability and Indemnity Agreement are to be governed by and construed under the law of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent allowed by law, and the balance of this Release of Liability and Indemnity Agreement shall remain in full force and effect. I agree that exclusive venue for any dispute arising involving this Release of Liability and Indemnity Agreement in any way is Wichita County, Texas.

ACCEPTED AND AGREED BY MEMBER:

Signed: _____

Date: _____

Printed Name of Member: _____

Address of Member: _____

Phone of Member: _____

Date of Birth of Member: _____

E-Mail of Member: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Texhoma Christian Care Center's
Wellness Program
300 Loop 11
Wichita Falls, TX 76306
Phone: 940-723-8420
FAX: 940-723-2824

PHYSICIAN RELEASE FORM

MD: _____

MD: Fax# _____

Patient Name: _____

Patient Phone #: _____

I, _____, wish to begin an exercise program at
Signature

Texhoma Christian Care Center. Please list below any physical limitations or restrictions and any medications that might assist the instructors in designing an exercise program specific to my needs.

CURRENT MEDICATIONS:

_____ I RECOMMEND THAT THE PATIENT PARTICIPATE IN AN EXERCISE PROGRAM BUT URGE CAUTION DUE TO THE FOLLOWING LIMITATIONS/RESTRICTIONS:

_____ I DO NOT RECOMMEND THAT THE PATIENT PARTICIPATE IN AN EXERCISE PROGRAM.

Except as stated above, I am not aware of any consideration, which under ordinary circumstances would interfere with this patient performing physical activity. He/she may exercise at his/her own risk.

Physician Signature *M.D.* Office Telephone Number Date

Thank you for your cooperation and your commitment to your patient's overall wellness.

Texhoma Christian Care Center's
Wellness Program