I am aware and understand that I am responsible for monitoring my own condition through the exercise program and should any unusual symptoms occur, I will cease my participation and immediately inform the Wellness Center Staff or seek medical attention.

All information obtained as a result of my utilization of this facility for participation in any programs shall be treated as privileged and confidential. This information may be used for billing, statistical or scientific purposes with my right of privacy mentioned.

Memberships are non-transferable. Anyone purchasing membership for the first time is urged to make an appointment with our staff for an orientation and equipment instruction to help start your fitness journey.

WAIVER: In consideration of the Logan County Rehabilitation and Wellness Center accepting this application, I release and discharge Logan County Rehabilitation and Wellness Center, it’s employees, any and all persons connected with the facility from all rights, claims, demands and actions of any and every nature whatsoever for any and all loss, damage, injuries sustained by me or my property.

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Member Signature Staff Witness

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Date Date

For Couple or Family memberships, all members must read and sign this form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Member Signature

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Additional Member Signature

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Additional Member Signature

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Additional Member Signature

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Additional Member Signature