

Rancho Los Amigos Wellness Center
Wellness Center Registration

NEW MEMBER / MEMBERSHIP RENEWAL INFORMATION:

Mark here if you are a current or former member of the Rancho Wellness Center

Today's Date: _____

Member Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

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

Email: _____

Emergency Contact Name: _____ Phone: (____) _____ - _____

Are you a Rancho Patient? No Yes, Rancho Number: _____

Participation in Rancho Wellness Center activities sometimes involves significant physical exertion. Each member is responsible for consulting with a physician to ensure that he or she is healthy enough to participate, prior to engaging in any activity.

Initials _____ **I am in good health and able to safely participate in physical activity.**
or

Initials _____ **I will talk to my doctor to make sure that I am safe to do physical activity.**

Member Signature: _____

MONTHLY MEMBERSHIP OPTIONS:

- Support Groups Only** Free – For participation in Support Groups only
- 7-Day Trial** Free – Does **not** include use of the Life Gym)
- Volunteer Membership** Free – Requires monthly time commitment
- Regular Membership** \$10/mo or \$25/ 3mos (available for 1, 3, 6 or 12 months)
- VIP Membership** \$15/mo or \$45/ 3mos (available for 1 or 3 months)
- Zumba Package** \$20/mo or \$50/ 3mos (available for 1 or 3 months)

ADDITIONAL SERVICES AVAILABLE TO MEMBERS:

- Standing Program** Free – with paid VIP membership. By appointment
- FES Bike Program** \$65 for 5 sessions. Free after training completed. By appointment
- Fitness Training Sessions** \$15 per session. By appointment.

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

"RANCHO WELLNESS CENTER"

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
(Name of Participant)

1. That I am participating in the Wellness Center classes offered by Rancho Los Amigos National Rehabilitation Center ("Rancho Los Amigos") and Rancho Research Institute ("RRI"), hereafter called "The Activity," during which I will receive information and instruction about exercises and health. I recognize that The Activity requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in The Activity. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my full participation in The Activity. If requested by Rancho Los Amigos and RRI, I will obtain written permission from my doctor prior to participating in The Activity.

3. I hereby certify that I understand that The Activity referenced in paragraph 1 and 2 are voluntary programs offered by Rancho Los Amigos and RRI, and that The Activity does not arise from, and are not related to, within the course and scope of, or offered as medical treatment by Rancho Los Amigos and RRI.

4. Waiver: In consideration of being permitted to participate in any way in The Activity, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Rancho Los Amigos and the County of Los Angeles ("County") and its Special Districts, elected and appointed officers, employees, and agents, and Los Amigos Research and Education Institute, Inc., its Board members and employees, from liability from any and all claims excepting those due to the gross negligence or willful misconduct of Rancho Los Amigos or the County and its Special Districts, elected and appointed officers, employees, and agents, and Rancho Research Institute, its Board members and employees, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

5. Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, sprains, and embarrassment, (2) major injuries such as joint or back injuries and heart attacks, to (3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all risks, injuries or damages, known or unknown, which I might incur as a result of participating in The

Activity. I hereby agree that I will not make a claim for coverage under said program for any injuries or conditions arising from or related to my participation in the classes.

6. Employees: Use of building facilities on Rancho grounds for exercise or other activity is not a basis for claiming a work-related injury. Employees who use these facilities do so voluntarily and at their own risk. Such use is voluntary participation in an off-duty recreational, social, or athletic activity not constituting party of the employee's work-related duties and is not expected or required under their employment. Injuries arising out of such use are not covered by workers' compensation under Labor Code Section 3600 (a) (9).

7. Indemnification: I also agree to indemnify, defend, and hold harmless Rancho Los Amigos and the County, and its Special Districts, elected and appointed officers, employees, and agents, and Rancho research institute, its Board members and employees, from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with my involvement in The Activity and to reimburse them for any such expenses incurred.

8. Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

9. Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name of Participant / Signature of Participant _____ Date _____

Name of Guardian (if a minor or lacks capacity) / Signature of Guardian _____ Date _____

Telephone Number Wellness Member # RLANRC Employee # (if applicable)

Print Name of Witness / Signature of Witness _____

AUTHORIZATION AND CONSENT FOR AUDIO-VISUAL RECORDING

The term **audio-visual recording** used in this agreement means photograph, motion picture, or any other format (including film/negative, analog, digital, tape, video, and any other means of recording and reproducing voice/images.)

Your signature below indicates that you give permission to Rancho Los Amigos National Rehabilitation Center, staff, representative(s), or other authorized persons to take photos, video, other recordings of (patient name): _____.

Your signature indicates that the audio-visual recordings may be used for purposes including, but not limited to: education, treatment, research, public relations, and charitable purposes. You may indicate purposes which you do not wish the photos or videos to be used: _____

Your signature indicates that you wish to assist in research, treatment, educational, public relations, and/or charitable goals. You will give up any right to be compensated unless funds or services are provided as an approved part of the activity (for example, you will not be paid or receive any special services unless a research project specifically offers services/stipend). You, your family, or significant others shall hold harmless the hospital, employees, physician, and any other person participating in your care or involved with this activity against any claim for injury or compensation resulting from the activities authorized by this agreement.

PURPOSE:

TYPE OF MEDIA:

DISPOSITION:

- Education
- Research
- Marketing
- Treatment
- Other: (specify)

- Photograph (film, digital, etc)
- Video-recording
- Audio-recording
- Other: (specify)

- Given to patient/representative
- Used by Rancho Staff: (specify dept)
- Given to Media (external to Rancho) specify
- Archived, if appropriate: (specify location)
- Other: (specify)

Date: _____

Witness: _____

Signature: _____

(patient/family member/conservator/guardian)

Relationship

PATIENT INFORMATION	
MRUN	
NAME	
DOB/GENDER	

AUTHORIZATION AND CONSENT FOR AUDIO-VISUAL RECORDING

