

Comanche Nation Fitness Center
Membership Registration

NAME _____ DOB _____ GENDER _____

ADDRESS _____ PHONE _____
Mailing Cell

City State Zip Home/Work/Other

TRIBAL AFFILIATION & ROLL NUMBER _____ CNFC MEMBER #: _____

<u>EMERGENCY CONTACT (MUST HAVE)</u>	
NAME: _____	RELATION: _____
_____	PHONE: _____
_____	_____

TERMS & CONDITIONS

Comanche Nation Fitness Center and Comanche Nation of Oklahoma are not responsible for any personal belongings left at this facility.
Any items left will be held for one week and then given to local charities.
Locker space is available for day use only and is limited to a first come first serve basis.
Locks are not provided. Any locks left will be removed at member's expense.
Children under the age of 12 years will not be allowed access to weight room or equipment.
Registrant must show a Certified Degree of Indian Blood Card (CDIB), valid state or school identification.
Appropriate footwear (athletic shoes) must be worn at all times while in gym.
Shower shoes (non-skid water shoes or "flip flops") are recommended for shower use.
Weights must be re-racked and machines sanitized after use. Trash/recyclables in proper receptacles.
Disorderly conduct will result in permanent ban from facility.

WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.

By signing below I understand and agree to the above terms and conditions of CNFC.

Signature

Date

Staff Initial

Date

Comanche Nation Fitness Center

Membership Registration

Informed Consent Waiver

Member Name: _____

Member Number: _____

The undersigned hereby gives informed consent to engage in participating in a variety of activities. All exercise and physical activity sessions will be supervised and monitored by a trained exercise technician or a member of the Fitness Center staff.

These activities may include but are not limited to walking, jogging, running, weight training and callisthenic exercises performed within Fitness Center or with Fitness Center staff.

There exists a possibility that certain detrimental physiological changes may occur during exercise and/or exercise testing. These changes could include muscle soreness, heat-related illness, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes occur, the staff has been trained to recognize symptoms and take appropriate actions including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity. I also recognize that my workout is voluntary and I hereby absolve the Comanche Nation, the Comanche Nation Fitness Center, and/or staff of Comanche Nation Fitness Center and release them from any and all responsibility in the event of an injury or health-related illness.

I further recognize that any medical care that I may require is my personal and financial responsibility.

Print Name

Signature

Date

