



KIDNEY KEEPERS WELLNESS CLUB

We are a wellness group funded by the Special Diabetes Program for Indians grant through CSKT Tribal Health. Our aim is to raise awareness about diabetes and kidney disease in native communities. Our goal is to prevent and control diabetes in our lives, our families, and our communities. We sponsor monthly activities and participate in organized events throughout the year. WE WELCOME YOU TO JOIN US!

Name: _____

Phone: _____ Date of Birth: _____

Eligible for Services at Tribal Health? Y / N Facebook user? Y / N

Email: _____

What Community do you live in? _____

Shirt Size: S / M / L / XL / 2XL / 3XL / 4XL Pant Size: S / M / L / XL / 2XL / 3XL / 4XL

Preferred method of exercise: Bike Run Walk Strength Training Other: _____

Expected level of engagement per year (circle one): 1-5 events 6-10 events 10+ events

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ hereby agree to the following:

1. That I am participating in the Health & Fitness Classes or Exercise Programs offered by the Tribal Community Fitness Center during which I will receive information and instruction about health and fitness. I recognize that fitness programs require 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 Health & Fitness Classes or Exercise Programs. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the Exercise Classes or Exercise Programs.
3. In consideration of being permitted to participate in the Health & Fitness Classes or Exercise Programs, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the Health & Fitness Classes or Exercise Programs, I knowingly, voluntarily and expressly waive any claim I may have against the Tribal Community Fitness Center and the Confederated Salish & Kootenai Tribes for injury or damages that I may sustain as a result of participating at the Tribal Community Fitness Center.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant to sue the Tribal Community Fitness Center and the Confederated Salish & Kootenai Tribes for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

If participant is less than 18 years of age:

As legal guardian of _____ I consent to the above terms and conditions.

Signature of Guardian/Parent

Date

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant CSKT Tribal Health permission to use photographs and/or video recordings of me on Tribal Health and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose. I confirm that I am eighteen (18) years old and able to make decisions on my own behalf.

Signature of Participant

Date

Printed Name

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed.

I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Guardian/Parent

Date