



TOMAH FITNESS CENTER APPLICATION

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| NAME: | DATE: |
| ADDRESS: | TRIBAL ID: |
| CITY, STATE, ZIP: | EMPLOYEE ID: |
| CONTACT NUMBER: | |
| EMAIL: | |
| CAN WE TEXT OR E-MAIL WITH ANY UPDATES OR CLOSURES? | |
| _____ | |
| *HOURS OF OPERATION ARE SUBJECT TO CHANGE FOR VARIOUS REASONS, INCLUDING TO MEET THE NEEDS OF THE YOUTH SERVICES PROGRAM(S). | |

EMERGENCY CONTACTS

| EMERGENCY CONTACT NAME: | RELATIONSHIP: | CONTACT NUMBER: | EMAIL: |
|-------------------------|---------------|-----------------|--------|
| | | | |
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I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CONSENT FORM. I **VOLUNTARILY** CONSENT TO ENGAGE IN THE USE OF THE EQUIPMENT AT THE **TOMAH FACILITY**. I HEREBY EXPRESSLY RELEASE, DISCHARGE AND HOLD HARMLESS FROM ANY LIABILITY WHATSOEVER, THE HO-CHUNK NATION AND THE VARIOUS STAFF MEMBERS, IN THEIR CAPACITIES AS REPRESENTATIVES OF THE HO-CHUNK NATION. I ACCEPT RESPONSIBILITY FOR ANY AND ALL INJURY OR DAMAGE TO MY PERSON WHICH MIGHT ARISE EITHER DIRECTLY OR INDIRECTLY AS A RESULT OF USE OF EQUIPMENT AT THE TOMAH FACILITY.

PARTICIPANT

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

IF CLIENT IS UNDER 18, PARENTAL CONSENT TO PARTICIPATE IN PHYSICAL ACTIVITY MUST BE OBTAINED. PLEASE SIGN BELOW:

DATE: _____ PRINT NAME: _____

SIGNATURE: _____