



For official use only

Key fob #

Emp. ID

Photo taken:

MINOR ENROLLMENT FORM

Please complete all pages, front and back, and return to the Wellbeing Center staff via interoffice mail or by scanning and emailing to wellbeing@selinc.com

Mail Code: Wellbeing Center | Location: 2560 NE Hopkins Ct., Pullman, Washington

Name: _____

Employee Location: _____

Family Member Name of Sponsor: _____

Preferred Phone Number: _____ Preferred email: _____

Today's date: _____ 16 years or older

Do you have any questions or comments for the Wellbeing Center staff?

WELLBEING CENTER KEY (FOB) RESPONSIBILITIES*

Only necessary for employees in Pullman, Boise, and Charlotte, and Pullman family members.

SEL is issuing you an access key that will grant access to the Wellbeing Center facility. Please note the following expectations:

- Contact Wellbeing Staff and/or SEL Physical Security immediately if your access key is lost or stolen.
- Treat your access key responsibly and ensure it is in your possession, just as you would treat a key to your home.
- Do not loan your access key to others.
- Return your access key to the Wellbeing Center staff at the end of your membership.
- If your access key is lost, stolen, or damaged because you failed to exercise reasonable care, you may be charged a \$20 replacement fee.

As a Wellbeing Center user, I understand these expectations and responsibilities.

Employee Name

Employee Signature

Dependent Name

Dependent Signature

Date



INFORMED CONSENT

I understand that I have access to the Wellbeing Center on a voluntary basis on my own time. I understand that participation in the LifeQuality (LQ) program, including entering the Wellbeing Center, using any exercise equipment or any exercise prescription services provided by Schweitzer Engineering Laboratories, Inc. (SEL), and/or participating in LQ clubs, is at my own risk, and I assume complete responsibility for my physical wellbeing in my voluntary participation in the LQ program.

I understand that SEL recommends that I consult with a physician before I undertake any physical exercise program. I understand that the Wellness Coordinator, Wellness Team Leaders, and Wellbeing Center staff, if any, are not physicians and that any evaluations or instructions provided by such individuals are not intended to replace any medical screening that I may require before I engage in any physical exercise. I further understand that SEL may, based on my responses to the health risk assessment form, require that I consult with and obtain recommendations from a physician before participating in the evaluation or engaging in other exercise activity. Regardless, I understand that it is my responsibility to consult with my physician regarding my fitness program participation. I certify that I am in good health and sufficient physical condition to properly use the Wellbeing Center.

I understand that information obtained during the initial assessment and while I am participating in the LQ program will be privileged and confidential and that it will not be released or revealed to any person, except my medical provider, without my written consent. I also understand that the information obtained, however, may be used for statistical analysis or scientific purposes with my right to privacy retained.

In the event of an emergency, I authorize SEL to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I agree to abide by all of the rules and policies of the Wellbeing Center, which may be posted at the Wellbeing Center or issued verbally, and which may be amended from time to time at SEL's sole discretion. I understand that my conduct while using the Wellbeing Center must conform to SEL policies. SEL reserves the right to revoke membership in the LQ program at any time.

I acknowledge that if I cause damage to the gym or any equipment, I may be held liable to SEL, at SEL's sole discretion, for its cost of repair or replacement.

I acknowledge that the Wellbeing Center and adjacent areas are subject to electronic monitoring at all times.

I acknowledge that I have read the information above governing the use of the Wellbeing Center. I further acknowledge that my participation in the LQ program and use of the fitness equipment or other activities associated with the Wellbeing Center is being done voluntarily.

Employee Signature

Printed Name

Minor Signature

Printed Name

Date



RELEASE FORM

In exchange for participating in the LifeQuality (LQ) program, including entering the Wellbeing Center, using any exercise equipment or any exercise prescription services provided by Schweitzer Engineering Laboratories, Inc. (SEL), and/or participating in LQ clubs, I acknowledge and agree to the following:

There are risks of physical injury associated with my use of the Wellbeing Center, equipment, and recommended exercises and with my participation in LQ clubs;

- I assume the full risk of any bodily harm or loss (including death) that may result from my use of the Wellbeing Center, equipment, and recommended exercises or from my participation in LQ clubs;
- I acknowledge that SEL is not liable for any personal property that is damaged, lost, or stolen while in or around the Wellbeing Center, including, but not limited to, property left in lockers, except where caused by the gross negligence of SEL;
- I release and hold harmless SEL, its officers, and its employees from any and all claims resulting from any injuries, illness, damage, or loss (including death) that I may sustain as a result of my use of the Wellbeing Center, equipment, and recommended exercises or participation in the LQ clubs; and
- This document is binding upon me, my heirs, and my estate.

Employee Signature

Printed Name

Minor Signature

Printed Name

Date