



churchonthemove

cotm fitness & weight training application

Church On The Move is proud to offer our Fitness and Weight Training Facilities to our Church On The Move Family. These facilities are available to all consistent tithing members and their immediate families at no charge.

To receive your fitness and weight training membership card, just fill out this application and turn it in to the COTM Sports Desk or either Fitness Center. We will process the application, and those who qualify will be sent a personal COTM Fitness and Weight Training card.

We hope these facilities will be a blessing to you and your family, as we work to help you reach your fitness goals & attain a healthy body.

BACKGROUND INFORMATION			
Last Name		First Name	Middle Name
Address			
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email Address	Fitness Goals		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth		
Spouse's Name	Date of Birth	Work Phone	
Children(s) Name(s)		Date of Birth	
Children(s) Name(s)		Date of Birth	
Children(s) Name(s)		Date of Birth	
Children(s) Name(s)		Date of Birth	
Children(s) Name(s)		Date of Birth	
Do you attend services on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you completed the Church Membership process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When did you begin attending COTM?			

MEDICAL INFORMATION - We recommend before starting any exercise program that you see your family physician.	
Family Physician	Phone
Have you or any member of your family ever been advised not to exercise by a medical doctor? (If yes, explain.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or any other member of your family have any of the following conditions? (Check box and specify family member.) <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Arthritis <input type="checkbox"/> Hypo-Hyperglycemia <input type="checkbox"/> Joint Problems <input type="checkbox"/> Other	
Please specify all medications you or your family members may be taking	Family Member
Please specify any allergic reactions you or any family member might have	Are you or any family presently under a doctor's care for a specific condition? (Pregnancy, Surgery, Rehab.)
List any past injuries/Surgeries	

EMERGENCY CONTACT INFORMATION

Name		Relation	
Address			
City		State	Zip
Home Phone	Work Phone		Cell Phone

I (we) agree to abide by the rules and regulations regarding the use of the fitness and weight training facilities of Church On The Move. I (we) agree, while on church property, to abide by the rules and regulations regarding walking, jogging, or running on Church property. I (we) agree to keep issued card on our person or within reach while on Church property, and I (we) agree to immediately present said card to any Security team member or staff member upon request.

I (we) agree to abide by these rules and any future rules or regulations deemed necessary by authorized staff of Church On The Move. I (we) also understand that the privileges of the fitness and weight training facilities are only available to me (us) as long as my (our) membership or regular attendance continues at Church On The Move.

I (we) understand that if I (we) discontinue membership or regular attendance at Church On The Move I(we) must turn in all Church On The Move recreation cards to authorized staff, thereby forfeiting the privilege of using the Church On The Move fitness facilities.

Notice: This is a binding legal document. Consult an attorney if you have questions.

ASSUMPTION OF RISK, FULL RELEASE, WAIVER, AND HOLD HARMLESS FOR FUTURE INJURIES

In consideration for being permitted to participate in the Willie George Ministries, Inc., d/b/a Church On The Move, Inc., fitness facilities, I (we) the undersigned Releasor(s), for myself, my family, legal representatives, heirs, and assigns, hereby release and hold harmless Willie George Ministries, Inc., d/b/a Church On The Move, Inc., its officers, directors, employees and agents, hereinafter referred to as Releasees, from any claim, demand, action or right of action, in law or in equity, foreseeable or unforeseeable or unforeseeable, arising from any injury to Releasor or Releasor's family members, even injury resulting in death, whether caused by the active or passive negligence of Releasees, myself, my family, or from any other cause which may occur as a result of my or my family's participation in the above activities.

I (we), Releasor(s), personally assume full responsibility for the risks of bodily injury, death or property damage arising from participation in the above activities. I (we) have consulted a physician, or I (we) have determined it unnecessary to do so, prior to participating in the above activities. I (we) certify that I (we) have learned, or will learn, the proper use of any equipment necessary to participate in the above activities prior to using that equipment. I (we) have inquired about the above activities to my (our) satisfaction and am (are) aware of the inherent risks and dangers of the above activities and the benefits to be gained by engaging in the activities. These risks may include loss of property, injury or death caused by a variety of situations. I (we) Releasor(s), further agree to save, indemnify and hold harmless Releasees from any claim by me or my family, estate, heirs at assigns, arising out of participation in the above activities.

I (we) Releasor(s), expressly agree that this Release, Waiver and Hold Harmless Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma, and that if any portion thereof as held invalid, it is agreed that the balance shall, notwithstanding, continue to be in full legal force and effect.

I (we) understand that neither Willie George Ministries, Inc., d/b/a Church On The Move, Inc., nor any Releasees assume responsibility for the payment of any ambulance, doctor, dentist, or hospital fees, and that payment of these fees is my (our) responsibility.

Further I (we), Releasor(s), state that; (A.) I (we) am (are) of legal age and legally competent to sign this agreement and release; (B.) I (we) understand the terms in this agreement and release are contractual and not a mere recital; (c.) I (we) have fully informed myself (ourselves) of this agreement and release by reading it before * (we) signed; (d.) I (we) have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I (we) so desire; and (E.) I (we) have signed this document as my (our) own free act.

DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS. IF UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED.

ASSUMPTION OF RISK, FULL RELEASE, WAIVER, AND HOLD HARMLESS FOR FUTURE INJURIES

Date	
Print Name	Signature of Releasor
Print Name	Signature of Releasor
Children's Names	