



# Rehabilitation Institute of Southern California

1800 East La Veta, Orange, California 92666

(714) 633-7400

## RIO Aquatics Program

Participant Name \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
DOB Program

The undersigned Participant applies from the Rehabilitation Institute of Southern California (hereafter referred to as RIO) to participate in an Aquatics Program on the terms and conditions contained on the front and back hereof and promises to pay for such. This agreement permits the Participant to use RIO pool facilities at 1800 East La Veta Avenue, Orange, California in the program noted above.

In consideration for the non-refundable registration fee the Participant shall have the right to use RIO's facilities commencing \_\_\_\_\_ As provided herein. Participant's right to use RIO's facilities shall continue thereafter. In addition to the registration fee, monthly fees will be charged on the 5th of the month following date signed (as shown above) and continuing on the same date thereafter.

Non-use of the Participant to use RIO's facilities shall not relieve Participant of the obligation to make payment. To keep participation valid, fees must be paid continuously whether Participant uses RIO's facilities or not.

Participant, at their option, may cancel this agreement by notifying the Admissions Coordinator of the intent to terminate services at RIO. No refund will be granted for unused portions of the activity card.

Yes or No I authorize the Rehabilitation Institute to use the name and/or photograph of the above mentioned for the sole purpose of promotions in any media source RIO deems applicable.

Yes or No I authorize the Rehabilitation Institute staff to seek medical treatment for the above mentioned in the event an emergency occurs. Such treatment/source will be at the discretion of the Rehabilitation Institute. I further understand that I bear full responsibility for payment of any fees incurred for such services.

**MODERATION IS THE KEY TO A SUCCESSFUL FITNESS PROGRAM AND ALSO THE KEY TO PREVENTING INJURIES. IT IS RECOMMENDED THAT ALL PERSONS CONSULT THEIR PHYSICIAN(S) PRIOR TO STARTING ANY PHYSICAL ACTIVITY PROGRAM.**

Responsible Party's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Registration Fee	\$ _____	_____ Cash
Current Month's Dues	\$ _____	_____ Check _____ Check No.
Next Month's Dues	\$ _____	_____ Master Card
<b>Total</b>	\$ _____	_____ Visa

\* Please make Checks Payable to "RIO" Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the undersigned, have read and understand the policies and terms of this agreement as presented on both sides of this page and agree to be bound by the same.

Signature of Participant \_\_\_\_\_ Date  
(or Parent's/Guardian, if Participant under 18)

RIO Representative \_\_\_\_\_ Date

**RIO Aquatics Program**

Participant is aware that participation in physical exercise may result in accidents or injury, and Participant assumes the risk connected with exercise. The acceptance of this agreement represents that Participant is medically stable and suffers from no physical impairment which would prohibit their use of RIO's facilities. Participant acknowledges that RIO has not and will not render any medical services including medical diagnosis of Participant's physical condition. Participant specifically agrees that RIO, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to Participant's use of the facilities or participation in any sport, exercise or activity within or without the facility premises, or Participant agrees to hold RIO harmless from same.

Participant and RIO acknowledge that this Agreement sets forth their entire agreement and Participant has not relied on any statement (oral or written) except as contained herein. If any portion of the agreement is held unenforceable, such portion shall be disregarded and the remainder hereof shall remain in full force and effect.

**Rules and Regulations** as set forth are part of this agreement and Participant is obligated to observe and comply with the same. RIO reserves the right to revise and amend the Rules and Regulations and scheduling as necessary to facilitate the best operation of the facility.

**Sign In.** Members must sign in at the pool desk. RIO reserves the right to require a second form of identification such as a driver's license if it is deemed necessary.

**Use of Facilities.** In order to assure that RIO facilities are properly maintained, RIO reserves the right to temporarily close during the year. RIO may be closed on legal holidays and the holiday week between Christmas and New Years.

**Violation of Rules and Regulations.** Rules and Regulations set forth by RIO shall be subject to compliance by the Participant and any family members and/or guests; failure by Participant or Participant's family and/or guests may permit RIO to revoke services without any further obligation to Participant. Said revocation to be effective upon notice to Participant. Any portion of a month's unused service shall not be reimbursed to the Participant.

**Facility Rules.** Lockers are available for Participant use during class time. The Participant acknowledges and agrees that RIO, its officers, agents and employees, will not be liable for either loss of, damage to or stolen Participant's property of Participant's personal possessions within or without RIO's premises which includes the parking facilities.

RIO reserves the right to require medical authorization prior to Participant beginning an Aquatics Program. Authorization may also be required on an ongoing basis as a condition of continued participation.

The Participant agrees that the Participant undertakes the sole responsibility for attending the facilities of RIO. It is a condition of the use of the facilities for exercise or parking any other use by any person including all Participants and their guests or family members that such person or persons (or their guardian or the person bringing them into the center) voluntarily assumes all risks of accident or damage to his/her (or their) person or property and loss thereof. The Participant assumes any risk for any guest (children or adults) they allow or cause to attend the facilities of RIO. Neither RIO nor its officers, agents or employees shall be liable for any liability or demand of any kind whatsoever relating to the usage of Participant of the facility. Participant agrees to hold RIO, its officers, agents, and employees harmless from any claim, liability or demand of any kind for, or on account of, personal injury, property damage, or loss of any kind based, in whole or in part, upon the Participant's claim that he or she had not agreed to assume the risks specified above.

Participant or guest can monitor his or her personal physical feelings. Physical activity and exercise should be comfortable. Immediately stop any exercise or sports activity if you feel faint, dizzy, nauseous, or short of breath. Any exercising or activity can be hazardous to your health if you do not use common sense and as stated above only you can monitor your personal physical feeling.

RIO makes no warranties and no representations express or implied, other than those set forth herein and Participant acknowledged and agrees that neither RIO nor Participant has relied on any warranties or representations other than those set forth in the agreement.



**Program:**  Water Exercise  Independent Exercise  Persistence Exercise  Fibrocise  Family Swim

**Birth Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**How did you hear about RIO Aquatics?**

- Doctor       Therapist (outside RIO)       Newspaper/Mail/Flyer       Phone Book
- Friend       Another RIO Program       Self (returning client)       Another Client
- Other: \_\_\_\_\_

**Sex:**  Male  Female

**Ethnicity:**  Caucasian  Black  Hispanic  Asian  Native American  Other  Unknown

**Marital Status:**  Married  Single  Widow  Divorced

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Guardian (Required for children or clients who are conserved):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Who should we call in an emergency? (Must have at least two)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Why are you registering for Aquatics?**

- Medical Condition       General Exercise       Other: \_\_\_\_\_

**Please List all medical Conditions:**

Diagnosis: \_\_\_\_\_ Onset Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Onset Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Onset Date: \_\_\_\_\_

**List any and all physicians currently treating you:**

Name: _____	Type/Specialty: _____
City: _____	Telephone: _____
Name: _____	Type/Specialty: _____
City: _____	Telephone: _____
Name: _____	Type/Specialty: _____
City: _____	Telephone: _____

**Do you have any of the following condotions?**

Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
Respiratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
Orthopaedic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain: _____

**List any and all Medications:**

_____	_____
_____	_____
_____	_____
_____	_____

**Please list any allergies to food or medications:**

\_\_\_\_\_

\_\_\_\_\_