

Diabetes Exercise Program

CONTRACT AGREEMENT

Name: _____ Date: _____
PLEASE PRINT

Telephone Number: _____

Contract Agreement

I _____, agree to exercise a **minimum of 8 times monthly** at _____ exercise facility. If I fail to attend at least 8 times monthly (for whatever reason) I understand that my membership will be discontinued and I will lose my slot. If I wish to be reconsidered for exercise funding, **I must re-apply for available slots--if any-- and if re-accepted, I must repay one to two month's fees depending on my prior attendance record.** If asked to, I agree to participate in a fitness assessment every 3 months as a means to assess my progress.

The purpose of the diabetes exercise program is to achieve better health. Should I choose at any time to end my exercise program I agree to notify the Physical Activities Coordinator at the Siletz Community Health Clinic (541-444-9633) or Cathy Rasmussen collect at (541) 484-4234 for Portland, Salem, and Eugene service areas, before fees for the next membership period are due. Failure to do so may result in a payback fee. I fully understand that **the Siletz Community Health Clinic Diabetes Program reserves the right to discontinue funding for my exercise program at any time.** I understand that there are a limited number of spots available in this program and if I am dropped (for any reason) I may not be selected to participate again.

I agree to exercise safely and within my personal limitations. I deem the Siletz Community Health Clinic **not liable** for any injury or other accident that may occur over the course of my exercise program.

My signature indicates that I have read the Diabetes Exercise Program Contract thoroughly and agree to comply with these rules and regulations.

Signature

Date