

ROSE CITY SENIOR CENTER

8 Mahan Drive, Norwich, Connecticut 06360
(860) 889-5960 • fax: (860) 885-1160

Fitness Room Criteria

This area is NON-Monitored and prior permission must be obtained from the Director or Program Administrator for equipment use.

What you will need:

1. **Current Membership:** We must have complete information as requested on Member Application Form and you must be current with your Membership. Membership must be renewed each year beginning July 1st and is good until June 30th of the following year.
2. **“RELEASE AND WAIVER OF LIABILITY & ASSUMPTION OF RISK "AGREEMENT":** A signed copy must be on file before you may use the fitness room equipment.
3. **PHYSICIAN'S QUESTIONNAIRE** (Permission to Exercise). We must have a completed copy on file before you may begin using any equipment. Your Physician for Medical Clearance must sign this form. If you have any known medical conditions, and are being treated for that condition by a specialist other than your *Primary Care Physician*; your *Specialist* must be the one to give clearance and permission to participate.

** IF YOU START OUR FITNESS PROGRAM AND BECOME HOSPITALIZED, OR ANY OTHER CHANGES OCCUR IN YOUR HEALTH, WE DO REQUEST AN UPDATED PHYSICIAN'S CLEARANCE.

Rules of the Exercise Room

- 1) You must be a Current Member of the Senior Center to use Fitness Room Equipment.
- 2) You may use the Exercise Equipment only after providing the Necessary Forms for Use. These may be picked up at the Reception Desk or you may download and print them from the City's web site. If you have any questions about the forms, please see Mike or Dana.
- 3) Check in at the Reception Desk before you use any of the equipment. Pick up the key if you will be using the treadmill. The key must be returned to the Reception Desk after exercising is complete. Under NO circumstance should the key ever be passed from one user to another.
- 4) Wipe down the equipment with anti-bacterial wipes after each use.

****Any Questions See Mike or Dana****

Hours of operation: Monday 8:00 am-3:45 pm Wednesday 8:00 am-3:45 pm
*Tuesday 8:00 am-3:45 pm Thursday 8:00 am-3:45 pm
(*except Last Tues of each Month) Fridays and Last Tuesday (OF EACH MONTH)
8:00 am-9:30 am only (DUE TO MASSAGE THERAPY)

IF MULTI-PERSON USE AND SCHEDULING BECOME AN ISSUE THE SENIOR CENTER
MAY SCHEDULE ½ HOUR BLOCKS OF TIME FOR USE.



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Physician's Questionnaire

PERMISSION TO EXERCISE

Dear Doctor,

Your Patient, _____

Address: _____ Phone # _____

has inquired and would like to use the Rose City Senior Center's exercise equipment. This is a non-monitored exercise area. The equipment currently consists of one (1) Schwinn Airdyne upright bike, one (1) Spirit upright bike, two (2) Spirit recumbent bikes and two (2) Treadmills (for walking only).

Your signature below will verify the above patient is appropriate for a low to moderate intensity exercise program based on the American College of Sports Medicine guidelines.

Physician's Comments _____

Physician's Signature

Date

(Please print physician's name and address)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____

If you have any questions, please contact the Rose City Senior Center at (860) 889-5960



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RELEASE AND WAIVER OF LIABILITY & ASSUMPTION OF RISK ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the **Rose City Senior Center Fitness Room**, I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Physical Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) Physical Fitness Activity INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **City of Norwich-Rose City Senior Center**, their respective administrators, directors, members, volunteers, and employees or other participants, (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Participant's Signature _____

Date: _____

