

Friends of Community Fitness (The Center) Medical Form, Waiver, and Rules

Initial and sign where indicated. Membership type/payment(office): _____

Name _____ Date _____

For Family Memberships, please list all additional family members included:

Telephone _____ Age _____ Date of Birth _____

Email: _____

Mailing Address _____

Emergency Contact name & number _____

Date of last physical exam _____ Does your doctor know you're coming to a gym? _____

Have you been hospitalized recently? _____ If so, why? _____

Please circle below any conditions you presently have:

High cholesterol Diabetes Smoker High blood pressure

Chest pain with exertion Known heart disease Rheumatic heart disease

Emphysema Irregular heartbeat or palpitations Light headedness or fainting

Pregnancy Thyroid or kidney disorders Epilepsy Asthma Back pain or other joint pain

The above questions are used as a reference if you should encounter problems with physical exercise while in our facility. Please consult your physician before participating in any physical exercise program.

I attest that the above information is true to the best of my knowledge:

Signature _____ Date _____

Membership Rules:

- 1) Access to the Center is by magnetic swipe card. Cards will become inactive if payments are not received in a timely manner. We do not send out bills. We post members names/ expiration dates in the lobby on the counter. Payment may be made in off hours via use of our day pass envelopes. Slide under the office door. If you bring a friend, please make payment using those day pass envelopes. DO NOT let non-members use this facility without payment. You may lose your access if you do so.
- 2) Please sign in at the counter.
- 3) Help keep the Center tidy by returning items you have used to their racks and using the wipes we provide to clean the equipment after your use.
- 4) Avoid offensive/inappropriate/intimidating language, behavior and attire. This includes excessive noise while lifting weights or playing sports. Modesty in attire is encouraged.
- 5) Do not slam or drop the weights on the floor.
- 6) No paid personal trainers, coaches, or fitness instructors are allowed to use our facility unless they are employed by or have made arrangements with Community Fitness. Helping friends train is encouraged.
- 7) Restrict your use of one piece of cardio equipment to 30 minutes when others are waiting.
- 8) No food or alcohol.
- 9) If something breaks, leave a note or call 876-4813 and leave a message. We can't fix things we don't realize are broken. Do not use broken equipment.
- 10) Bring a change of shoes. Dirt, water, and salt damage our equipment and floors.
- 11) Keep a 6 foot physical distance from others.
- 12) Limit the amount of people in each fitness room according to the # posted for each room. Wait until someone leaves a room to go into it in order to follow those guidelines.
- 13) Wipe down all equipment and surfaces touched with the cleaning supplies provided.
- 14) Use the water fountain only to refill your bottles.
- 15) Do not enter The Center if I am feeling ill or may be contagious with any communicable illness which include but are not limited to COVID-19, influenza, and strept throat.
- 16) Follow all local, state or national mandates required for public spaces while at the Center.

Youth: All youth under 18 must be supervised by a parent/guardian anytime they are in the facility during our unsupervised hours. No exceptions. 24/7 use is for over 18 only unless a parent/guardian is present

During our supervised hours:

Youth 10 and under must be directly supervised by parent/guardian.

Youth 11-13 must be directly supervised by parent/guardian when utilizing the gym equipment but may play in the gymnasium.

Youth 14-17 may come to ComFit unsupervised during the Center's supervised hours.

Be aware that our public areas are recorded 24/7 and can be reviewed at any time.

We reserve the right to perform background checks on any member at any time and have full discretion to decline or withdraw membership to anyone found to have broken the above rules or otherwise pose a potential threat to the well-being of our members.

Signature_____

Signature of Parent/Guardian for minors_____Date_____

**Assumption of the Risk and Waiver of Liability
General Informed Consent**

I _____ have enrolled myself or my child (child's name: _____) in membership at Friends of Community Fitness. This facility offers physical activity that may include but is not limited to fitness classes, yoga, weight training, martial arts, personal training, various dancing classes, basketball, pickle ball, and use of weight lifting and cardiovascular equipment, therapeutic massage. I hereby affirm that I and/or my child am in good physical condition and do not suffer from any disability which would prevent or limit mine and/or my child's participation in any exercise.

In consideration of my and/or my child participation in The Center's programs, I do hereby release for myself, my heirs and assigns, Friends of Community Fitness, all of its employees, subcontractors, independent contractors, board of directors and officers, their heirs and assigns from any claims, demands, and causes of action arising from participation in any programs The Center offers or hosts.

I fully understand that injuries may be incurred as a result of participation in programs or in use of equipment offered at The Center and hereby release The Center from any liability now or in the future including but not limited to heart attacks, strokes, muscle strains pulls or tears, broken bones, shin splints, heat prostration, sunburns, rashes, injuries of any kind and illness of any kind, however caused occurring during or after my participation in activities at The Center.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with our attendance at the Center or participation in Center programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Center program.

I hereby affirm that I have read and fully understand the above.

Signature: _____ **Date:** _____

Print Name: _____

Name of all minors (participants) if signing on their behalf: _____

