

MERIDIAN SENIOR CENTER FITNESS ROOM INFORMATIONAL SHEET

Meridian Senior Center 4000 Okemos Rd. Okemos MI 48864

The **Meridian Senior Center Fitness Room (Weight Room)** is jointly funded and operated by Meridian Charter Township and Okemos Public Schools. It is available for those who like to work out on their own. The Senior Center Fitness Room includes a TRUE 200 series treadmill, elliptical and incumbent bike, and exercise bands. Orientations and an executed Release of Liability, Indemnity and Medical Authorization Agreement are required before you begin using this room.

It is recommended that men over the age of 40 and women over the age of 50 consult a physician before beginning any exercise of fitness program. It is also recommended that anyone over the age of 50 receive annual physical evaluations by their physician. Follow the exercises carefully and exercise at your own pace. If you feel any strain, acute pain, dizziness, light-headedness, stop exercise and inform a staff person. Follow up by consulting your physician.

If you are currently under a physician's care for an injury, condition or illness, the Meridian Senior Center strongly urges you to consult your physician before participating in any exercises, using any equipment, or participating in any exercise program at the Meridian Senior Center.

All recommendations related to exercise, training, and use of fitness equipment, machinery, or facilities, and related activities contained herein or expressed by the Meridian Charter Township or Okemos Public Schools, their employees, owners, officers, representatives, directors, agents, elected and appointed officials, boards, commissions, or volunteers, and any and all other related persons, **shall not** be construed as an assumption of liability in the event the recommendation(s) is followed yet injury nonetheless occurs.

The fitness room will be open for use during normal Senior Center hours and a signup sheet will be available on the door to reserve your time on each piece of equipment.

Cost: \$10 for each 30-minute orientation appointment. After orientation, use of the fitness room will be free for members and \$5 drop in fee for 2 hours for non-members.

A Release of Liability, Indemnity and Medical Authorization Agreement must be signed before you can use fitness equipment, machinery, or any and all other Meridian Senior Center Fitness facilities or programs, and can be obtained at the front desk.

MERIDIAN SENIOR CENTER FITNESS ROOM RELEASE OF LIABILITY, INDEMNITY AND MEDICAL AUTHORIZATION AGREEMENT

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Meridian Senior Center 4000 Okemos Rd. Okemos MI 48864

I, the Undersigned, understand that exercise, training and using fitness equipment, machinery, or facilities, and related activities can be potentially hazardous activities and involve many risks of injury and dangers including, but not limited to: negligence on the part of Meridian Charter Township or Okemos Public Schools, their employees, owners, officers, representatives, directors, agents, elected and appointed officials, boards, commissions, or volunteers, and any and all other related persons (collectively, the "Released Parties"), aggravation of preexisting conditions, serious injury, and in the most severe and extreme situations, even death. Furthermore, I acknowledge that effects of exercise on the body cannot be predicted with complete accuracy and that injuries may occur during or following exercise that could lead to these complications and adversely affect my health.

I am aware all recommendations related to exercise, training, and use of fitness equipment, machinery, or facilities, and related activities contained herein or expressed by the Released Parties **shall not** be construed as an assumption of liability in the event the recommendation(s) is followed yet injury nonetheless occurs. I agree to conduct myself within the limits of my individual ability while at the Meridian Senior Center Fitness Room and agree not to act in a manner that might contribute to injuries. I understand that I am solely responsible for reading and understanding all signage and instructions on the premise, equipment, or machinery, and for complying with them.

I hereby unconditionally, irrevocably and absolutely **Release, Hold Harmless, and Indemnify** the Released Parties from any and all claims, actions, losses of any kind, suits, damages, and allegations related to or arising from incidents that occurred prior to, on and/or following the date of this release. **I VOLUNTARILY ASSUME AND ACCEPT ANY AND ALL RISK, DANGERS, RESPONSIBILITY, AND LIABILITY ASSOCIATED WITH MY USE OF THE FACILITIES, EQUIPMENT, MACHINERY, AND PARTICIPATION IN ALL PROGRAMS AT THE MERIDIAN SENIOR CENTER FITNESS ROOM, INCLUDING BUT NOT LIMITED TO THE POSSIBILITY OF PERSONAL INJURIES, DEATH AND PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES, BREACH OF ANY STATUTORY DUTY OR OTHER DUTY OF CARE, OR OTHERWISE.** This release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan.

I understand situations may arise where emergency or emergent medical care may be necessary. I authorize Meridian Senior Center to render first aid and to call for medical care if, in their opinion, such medical care is needed. I agree to pay for all expenses and costs associated with such care and related transportation.

I understand in the event any provision of this Release of Liability, Indemnity and Medical Authorization Agreement prove to be invalid, void or illegal, it shall in no way impair or invalidate any other provision thereof, and such other provisions shall remain in full force and effect. I further agree this Agreement shall be governed by and construed in accordance with the laws of the State of Michigan.

I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY, INDEMNITY AND MEDICAL AUTHORIZATION AGREEMENT. I UNDERSTAND ITS CONTENTS. I HAVE THE AUTHORITY AND ABILITY TO ENTER INTO IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Print Name: _____ Date of Birth: ___/___/___

Address: _____ Zip: _____

Phone #: Home: _____ Cell: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____

Please indicate by check if any of the following apply to you:

- Heart Condition, heart disease, (including rheumatic)
- Vascular disease or problems
- Neurological conditions, epilepsy, convulsive disorders
- Diabetes
- High Blood Pressure
- Pacemaker / Internal Defibrillator
- Arthritis
- Back Problems
- Insulin Dependent
- Respiratory Problems, including asthma, chronic asthma or chronic lung disease
- Other:

Participant's signature: _____ Date: ___/___/___