



**Fitness Center & Exercise Equipment Use
Assumption of Risk Form**

I wish to use the East Longmeadow Council on Aging’s Fitness Center. I understand that there are health risks associated with exercise. Because physical exercise can be strenuous and subject to risk of serious injury, I understand that it is my responsibility to discuss with my health care Provider my personal risks/benefits prior to using any exercise equipment or participating in any exercise activity. I agree that by participating in physical exercise or training activities, I do so entirely at my own risk. I understand that possible injuries or medical disorders may arise from my use of the Fitness Center, including but not limited to, broken bones, sprains, torn muscles or ligaments, and in rare instances, cardiac arrest or a stroke. Knowing these risks, I nonetheless request to participate in the Fitness Center.

Please carefully read the following, and initial in the corresponding box.

<u>Statement</u>	<u>Initials</u>
I certify that I have carefully read this form prior to signing it.	
I certify that I have been adequately trained to use the equipment in the fitness center.	
I certify that I have been given the opportunity to ask questions about the fitness equipment and the associated risks and that my questions have been answered to my satisfaction.	
I understand that I am free to ask additional questions at any time.	
I understand that I choose to utilize the fitness center and the equipment at my own risk. I understand that the center does not provide Supervision of ongoing activities in the fitness center and does not directly employ staff with fitness certification.	

Full Name (print): _____ **Date:** _____

Signature: _____

Witness: _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

Date of Fitness Center Training: _____ **Staff:** _____