



Town of East Longmeadow Council on Aging



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Carolyn Brennan
Executive Director

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. I understand that possible injuries or medical disorders may arise from my use of the Fitness Center. Possible injuries or medical disorders could include (but are 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 and assume responsibility for all risks associated with my use of the fitness equipment.

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.	

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

Signature: _____

Witness: _____ **Date:** _____

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

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