



Stillwater Area Community Services Center Inc.

Where Neighbors Come Together...

Box 536 19 Palmer Street

Stillwater NY, 12170

Phone 518-664-2515

Fax 518-664-3590

www.sacc.online

The Stillwater Area Community Center Fitness Room Application Packet

The Stillwater Area Community Center invites its residents and community members to participate in the Fitness Room located on the 2nd Floor in Room #20. We encourage you to take the first step towards a healthy lifestyle by participating.

Enrollment Procedure:

Step 1: Complete your fitness room registration form, medical consultation form and waiver of liability and bring them to the Main Office.

Medical Consultation: Your physician will need to complete the Medical Consultation section of the form prior to getting the Main Office clearance and scheduling your orientation. Please take this form to your personal physician for his/her completion and return it to the Main Office.

Step 2: Attend Orientation: Once you have been medically cleared you may schedule an orientation through the Main Office.

Step 3: Receive Access: When you have completed the above two steps, you will be authorized to use the Fitness Room. Please submit all completed forms to the Main Office to schedule your orientation.



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Fitness Room Registration

Name: _____ Date of Birth: _____

Gender: Male Female

Home Phone: _____ Cell Phone: _____

Home Address: _____

Persons to Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone: _____ Home Cell Work

Name: _____ Relationship: _____

Phone: _____ Home Cell Work

Name: _____ Relationship: _____

Phone: _____ Home Cell Work

Primary Health Care Provider:

Physician Name: _____ Phone: _____



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Fitness Room Acknowledgement and Waiver

The undersigned is executing this agreement in consideration for his/her use of fitness rooms, equipment, and other related facilities ("Facilities") located on the Stillwater Area Community Center's property located at 19 Palmer Street. The undersigned intends to be legally bound for himself/herself and his/her heirs, successors, assigns, executors, and administrators, by agreeing that he or she:

1. Acknowledges that he/she had received training on the proper and safe use and operation of the Facilities, and that he/she will utilize the Facilities in a safe manner;
2. Acknowledges that participation in physical exercise and the use of exercise equipment can result in injury, and in some instances can cause or aggravate certain health problems and therefore should only be undertaken in consultation with a physician, and knowingly, and willingly assumes the risk of injury;
3. Acknowledges that the his/her use of the Facilities is not pursuant to any contractual relationship for the use of these Facilities between the Company and the undersigned;
4. Acknowledges that the activities in the Facilities are not supervised and any use of the Facilities is undertaken solely at the option of the undersigned and at his/her sole risk, which risk he/she freely assumes; and further agrees that in the event of any injury to person or loss of (or damage to) property in connection with the use of the same, **NO CLAIM WILL BE MADE AGAINST THE COMPANY**, its subsidiaries and any related entities, together with any officers, shareholders, employees, and partners in any of the same, and the heirs, successors and assigns of any of the same (collectively the "Released Parties");
5. Releases the Released Parties from all liability, claims, rights, legal actions or damages, arising in connection with the use and enjoyment of the Facilities;
6. Agrees to protect, indemnify and hold harmless the Released Parties from all losses, costs, and damages, that may arise from the use of the Facilities by the undersigned;
7. Agrees not to permit any person to enter or use the Facilities without the written consent of the Company and that person's execution of this waiver form; and
8. Agrees to inspect the Facilities prior to use and to report immediately any conditions or problems relating to the Facilities;
9. And furthermore, agrees to hold the Town of Stillwater free and harmless of any act of omission or commission or negligence on the part of said association or their officers, agents, or volunteers.

Name (Please Print)

Signature

Date

Medical Consultation

Member Name: _____

Note to Physician: This individual would like to participate in a fitness program offered by the Stillwater Area Community Center. The Stillwater Area Community Center needs your consent and recommendation, if any, in order for him/her to participate in the fitness program.

Please complete the *Examination Results* and *Medical Recommendations* sections below, and return the form to the individual at your earliest convenience.

Description of Facility: The Stillwater Area Community Center Fitness Room is an unmanned center where community members exercise at their own pace on their own schedule. The facility has both cardio equipment (elliptical trainer, stationary bike) as well as stationary resistance equipment and a limited amount of free weights. Additionally, there is space for stretching, aerobics, etc.

Examination Results:

Height _____ Weight _____ Resting Blood Pressure ____/____ Cholesterol _____

Lungs: Normal Abnormal Comments: _____

Heart: Normal Abnormal Comments: _____

Musculoskeletal: Normal Abnormal

Other: _____

Medical Recommendations: (Check all that are appropriate for this individual)

- May participate without restriction in all fitness room activities.
- May participate in the fitness room with the following limitations:

The following program(s) are recommended (check all that apply):

- Weight Loss Back Care Muscle Strengthening Aerobic Conditioning
 Flexibility Improvement Blood Pressure Monitoring Pre/Post-Natal Exercise

Exercise do's and don'ts for the following orthopedic issue: _____

Other: _____

If there is a MAXIMUM HEART RATE that should not be exceeded during aerobic exercise, please specify beats per minute: _____

MAY NOT participate in fitness room activities based on the following: _____

Physician Information:

Print Name

Signature

Date

Full Address

Phone Number