



40730 Romeo Plank - Clinton Township, Michigan 48038
(586) 286-9333

Bill & Toni Lee Fitness Room PHYSICIAN'S RELEASE & ASSUMPTION OF RISK AND WAIVER OF LIABILITY

*This form is good for **ONE** year from the date of the physicians signature.*

You must be a current member of the CT Senior Center in good standing and have your fitness room fees paid in full prior to using the fitness room.

Fee: \$50.00/yr. (which = \$4.17per mo.)

Name				
Address		City		Zip
Home Phone:		Work Phone		Cell or Pager

Throughout the year the Clinton Township Senior Citizen Activity Center offers many exercise programs, some of which may include the use of various pieces of free-standing exercise equipment. It is our policy that a doctor's written permission is needed in order to participate in these activities.

The patient listed above has expressed an interest in participating in the Senior Center wellness/fitness facility. Can this person participate in exercise programs and use free-standing exercise equipment? Yes ___ No ___

If any special limitations shall apply, please respond here:

DOCTOR: Please list times only if there are any health limitations:

Type of Machine	Minutes allowed per Machine
Bowflex	
Exercise Bike	
Hand Weights	
Recumbent Bike	
Health Rider	
Universal Multi Station & Free Weights	

Type of Machine	Minutes allowed per Machine
Treadmill	
Stair Stepper	
Elliptical	
Back Stretcher	
Leg Lift (Weights)	
NuStep	

**PARTICIPANT, PLEASE
TURN FORM OVER AND
READ CAREFULLY.**

Doctor's Name (PRINT): _____

Doctor's Signature: _____

EMERGENCY CONTACT #1 (Required)

Name				
Address		City		Zip
Home Phone:		Work Phone		Cell or Pager

EMERGENCY CONTACT #2

Name				
Address		City		Zip
Home Phone:		Work Phone		Cell or Pager

EXERCISE ROOM ASSUMPTION OF RISK AND WAIVER

The undersigned, whose name appears set forth on this registration, acknowledges and agrees that they are voluntarily and of their own free will participating in Exercise Room activities. They understand that there are or may be certain risks or hazards involved in participating in Exercise Room activities which may result in injury or death, including but not limited to hazards associated with the use of exercise equipment and physical exertion. The undersigned represents that the use of exercise equipment has been with the physician of their choosing, and that they intend to abide by instructions and restrictions as provided by such physician when using any of the equipment provided. The undersigned acknowledges and agrees that it is not the responsibility of the Charter Township of Clinton to determine the nature and extent of exercise activity by the undersigned or to monitor or restrict exercise activity by the undersigned. The undersigned warrants and represents they have been in-serviced by Clinton Township Sports and Fitness coordinator as to the proper and safe use of all of the exercise equipment. The undersigned understands that the very nature of exercise involves hazards and risks as a result of the body motion and exertions associated with the use of the equipment, all of which can cause serious injury or death. The undersigned voluntarily accepts and assumes all risk of injury incurred or suffered while upon the premises of the Senior Center and involving directly or indirectly the Exercise Room and any equipment therein. The undersigned releases, discharges and agrees not to sue the Charter Township of Clinton, its elected officials, officers, agents and employees or any person connected therewith for any claim, damages, costs, cause of action now existing or which may in the future accrue as a result of injuries and damages sustained, whether known or unknown from whatever cause and upon any theory." Membership badges must always be worn on the property especially in the fitness room.

Participants Signature:

Date

**If you have any questions, please feel free to contact
Wanda Vasko - Sports and Fitness Coordinator at (586) 723-8076.**

Below for Senior Center Office Use Only

Reviewed and approved by Wanda Vasko: _____ Date: _____

Database employee: _____ Date _____

Card typed on: _____ Card typed by: _____ NEW RENEWAL

Date paid: _____ Date form will expire: _____ (1 yr. from date of Dr's signature)