

40730 Romeo Plank - Clinton Township, Michigan 48038  
(586) 723-8076



## 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.

**Membership fee's are non-refundable and subject to change.**

Name				Birthdate (mm/dd/yyyy)	
Address		City		Zip	
Home Phone:		Cell Phone		E-mail	@

The Clinton Township Senior Citizen Activity center offers many exercise programs, some of which 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 and that they will participate at their own risk.

I \_\_\_\_\_ (patient) have expressed an interest in participating in the CT Senior Center Wellness/Fitness Center. Can this person participate in exercise programs and use free-standing exercise equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

If any special limitation shall apply, please respond here:

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

Type of Machine	Minutes allowed per Machine	Type of Machine	Minutes allowed per Machine
Bowflex		Treadmill	
Exercise Bike		Stair Stepper	
Hand Weights		Elliptical	
Recumbent Bike		Back Stretcher	
Health Rider		ARC Trainer	
Universal Multi Station & Free Weights		NuStep	

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

Doctor's Name (PRINT): \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT #1 (Required)**

Name				Relationship	
Address		City		Zip	
Home Phone		Work Phone		Cell Phone	

**EMERGENCY CONTACT #2 (Required)**

Name				Relationship	
Address		City		Zip	
Home Phone		Work Phone		Cell Phone	

**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. Fitness room fees are non-refundable.

As events at the Senior Center are videotaped and/or photographed, you photo and/or video in any of our programs may be displayed on Clinton Township Cable TV, pictures may be printed in publications and/or used for publicity of the center and are property of the Clinton Township Senior Adult Life Center. Those who wish to opt out must provide a letter in writing to the Administrative Director of the Senior Center with photo to be kept on file.

\_\_\_\_\_  
Participants Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Below for Senior Center Office Use Only*

Reviewed and approved: \_\_\_\_\_ Date: \_\_\_\_\_

Database employee: \_\_\_\_\_ Date paid \_\_\_\_\_

**NEW      RENEWAL      ORIENTATION** \_\_\_\_\_

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

Form updated: 02/2016