



2023/2024
Club 55 Fitness
Authorization



FIT ON/PEER FIT _____

40730 Romeo Plank - Clinton Township, Michigan 48038
(586) 723-8076 FAX: (586) 286-8757

PHYSICIAN'S RELEASE TO ALLOW MEMBER TO PARTICIPATE



*This form is good for **ONE** year from the date of payment.*
*You must be a current member of the CT Senior Center in good standing and have your annual fitness room fees paid in full prior to using the fitness room. New members must attend a mandatory orientation prior to utilizing the equipment. **Membership fees are non-refundable.** \$65/yr.*

Name				Birthdate (mm/dd/yyyy)	
Address		City		Zip	
Primary Phone:		2nd Phone		E-mail	@

The Clinton Township Senior Adult Life 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 to participate in Club 55 activities. **Participation is at member's own risk.**

I _____ (patient) have expressed an interest in participating in the CT Senior Center Club 55 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
Free weights	
Multi-Station weight machine	
Exercise bike	
Recumbent bike	
Row Machine	

Type of Machine	Minutes allowed per Machine
Back stretcher	
Flat surface stretching	
Elliptical	
Nu-Step	
ARC trainer	
Treadmill	

PARTICIPANT, PLEASE TURN FORM OVER AND READ CAREFULLY.

Doctor's Name (PRINT): _____

Doctor's Signature: _____

Phone: _____ Date: _____

NEW PARTICIPANT EXERCISE ROOM ORIENTATION QUESTIONNAIRE

(IF RENEWAL, PLEASE DISREGARD QUESTIONS 1-5)

- 1. Have you ever belonged to fitness center/gym? _____
- 2. Which fitness center/gym did you belong to? _____
- 3. When did you belong here and for how long? _____
- 4. Have you used cardio equipment:
(Bike, treadmills, elliptical) _____
- 5. Have you used weight equipment:
(Weight machines, free weights) _____

CTSC MEMBERS RELEASE & ASSUMPTION OF RISK AND WAIVER OF LIABILITY

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 a.k.a. Club 55 activities. They understand that there are or may be certain risks or hazards involved in participating in Club 55 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 as to the proper and safe use of the exercise equipment. The undersigned member/participant 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 participant 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 Fitness room, a.k.a. Club 55 and any equipment therein. The undersigned releases, discharges and agrees not to sue the Charter Township of Clinton, its elected officials, officers, agents, volunteers, independent contractors, employees, or any person connected there with 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 scan badge must always be worn on the property especially in the fitness room. Fitness room fees are non-refundable. Fraudulent signature authorizations are immediate grounds for dismissal from CT Senior Center and Club 55. Emergency contacts MUST be on file with your membership and updated regularly.

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.

Participant's signature:

Date

Printed name:

Date

Below for Senior Center Office Use Only

Reviewed and approved: _____ Date: _____

Database employee: _____ Date paid: _____

NEW RENEWAL ORIENTATION
EXPIRES ON: _____ (1 yr. from date of payment)