

WAYLAND-COHOCTON

CENTRAL SCHOOL

FITNESS ROOM



07/20/2021

GENERAL FITNESS ROOM GUIDELINES

1. There is **NO FOOD, DRINK OR GUM** at any time in the fitness room. Water bottles are acceptable.
2. Personal belongings should be placed in cabinets. We are not responsible for lost or stolen items.
3. Proper exercise attire must be worn. This includes; shorts (sweats), T-shirt, socks and sneakers.
4. All participants should have a TOWEL to wipe down equipment after use.
5. No horseplay.
6. Proper warm-up and stretching before work out is necessary.
7. Use equipment properly.
8. Make sure sneakers are not wet or muddy.
9. Notify supervisor if equipment is in need of repair.

FREE WEIGHT AREA

1. Always use spotters.
2. Make sure collars are secure.
3. Do not drop weights on floor or lean plates against wall or machines.
4. Remove all plates from bars and place on storage racks when finished.
5. Place all dumb bells on proper storage racks.

MACHINE AREA

1. Make sure pins are securely in place before lifting.
2. Keep hands and loose clothing away from weight stacks, cables and pulleys.
3. Do not bang weight stacks.
4. Multiple set users must yield the right way to individuals completing a circuit.

CARDIO AREA

1. Warm up properly before beginning an aerobic work out.
2. Sign up on appropriate clipboard for the piece of equipment you want to use.
3. 20 minute time limit when people are waiting.
4. Wipe down equipment when finished.

SAFETY

1. Fitness equipment is NOT to be used without the supervision of a properly trained Fitness Room staff member.
2. All rules and regulations listed above are to be followed.
3. Abuse of rules and regulations will result in denial of fitness room privileges.
4. Only people exercising will be allowed in Fitness Room. No spectators or children under 13 years of age.
5. Do not use equipment that is broken.
6. Report any damage to supervisor.
7. Report any injuries immediately to supervisor.

CLEAN-UP THE CONCLUSION OF YOUR CLASS OR SESSION

1. Return all free weight plates and dumb bells to proper storage racks. Do not leave plates on the bars, on power racks, on smith machines, on the floor or leaning against equipment or walls.
2. Olympic bars are to be stored properly.
3. Do NOT move the equipment. All equipment is placed in a specific place for a reason.
4. Please check the cables, plates and other areas for damage. If you see a problem, notify a supervisor IMMEDIATELY.
5. Respect the equipment. Do not abuse it.

WHERE IS THE FITNESS ROOM LOCATED?

In the Wayland-Cohocton High School Fieldhouse. Please park and enter through the Fieldhouse doors.

WHO IS ELIGIBLE?

Wayland- Cohocton Central School district adult residents, faculty/staff.

WHAT ARE THE HOURS?

The fitness room is available to approved users Monday, Wednesday, Thursday mornings from 5:00 am to 6:45 am.

The Fitness Room is closed on Sundays, Legal Holidays, School Vacation Days, select special events and any school maintenance shutdowns.

WHAT TYPE OF EQUIPMENT IS AVAILABLE?

The fitness room has a cardiovascular area, which may be used to improve, maintain or enhance cardiovascular fitness. It is equipped with treadmills, cross-trainers, stairclimbers, upright bikes and recumbent bikes and rowing machines. The cardiovascular equipment is designed for use by people of varying fitness levels from beginner to the more advance. Circuit training utilizing a full circuit of selectorized strength training machines is also available. These machines are effective for training all the major muscle groups of the body, utilizing exercises that are common to training programs for beginners to elite athletes.

There is also a free weight area with a full range of weights, benches and equipment for those who prefer to do strength training with this type of equipment.

HOW CAN I BECOME A PARTICIPANT?

1. You must complete and return all the following forms to the Business Office before gaining access to the Fitness Room:
 - Physicians Medical Clearance Form
 - Informed Consent/Assumption of Risk Form
 - Fitness Room Participant Information Form

WHAT IS THE USAGE FEE?

Use of Fitness Room is free to all Faculty/Staff and Community members.

**WAYLAND-COHOCTON CENTRAL SCHOOL DISTRICT
INFORMED CONSENT
AND ASSUMPTION OF RISK AGREEMENT**

NAME: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

As a condition of using the Wayland-Cohocton Central School District's Fitness Room, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of Fitness Room's equipment and participation in Fitness Room exercise activities, and have provided proof of such to the District through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Fitness Room's equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Room users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the District and my physician of such.
2. I hereby acknowledge that I have participated in the Fitness Room orientation/training program provided by the District. I agree to follow all directions of the Fitness Room Supervisor, and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Fitness Room.
3. I understand that the supervision of the Fitness Room provided by the District is general in nature, and the Fitness Room supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.
4. I hereby acknowledge that my use of the District's Fitness room involves risks including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks).
Based on the foregoing, I assume all risks associated with my use of the District's Fitness Room.
5. I hereby release the Wayland-Cohocton Central School District, its Board of Education, in both their corporate and individual capacities, its employees, agents and assigns, for all claims (of any nature) relating to my use of the District's Fitness Room, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

(User's Signature)

(Date)

Confidential Information
Controlled Distribution

PHYSICIAN'S MEDICAL CLEARANCE FORM

Name: _____ has
Requested use of the Wayland-Cohocton Central school District's fitness room. A description of the equipment and exercise activities, which are available in the District's fitness room, are described in the attached brochure. The physician's receipt of this brochure is hereby acknowledged by the physician's signature below. The District's fitness room is a supervised facility. If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form. If you have any further questions about the facility, its equipment or activities, please call the Wayland-Cohocton Central School District's Business Office at 728-2212.

PHYSICIAN REPORT

I, _____ (physician's name, please print) give my consent for _____ (member's name) to use the Wayland-Cohocton Central School District's fitness room and participate in its exercise activities.

Specific Recommendations:

Restrictions:

Physician

Signature: _____

Physician Address: _____

Physician Phone Number _____ Date _____

