

BE SURE TO READ THIS PACKET IN ITS ENTIRETY
BEFORE SIGNING!!

MEMBERSHIP APPLICATION
RED CLOUD COMMUNITY CENTER
EXERCISE ROOM

In making application, I understand that membership is restricted to ADULTS ONLY; that I will be expected to comply with established rules of membership that are now in effect or as they may be amended; and I will be asked to complete an informed consent and waiver form; and that I will adhere to safety standards reasonable and customary in the community.

I also understand that the COMMUNITY CENTER is SMOKE FREE & DRUG FREE. THE POSSESSION/CONSUMPTION OF ALCOHOL IN THE EXERCISE ROOM IS NOT ALLOWED. I further understand that membership is a privilege, that the Administration of the Community Center may withdraw membership options and access to the Exercise Room, at any time, without recourse.

Name: _____

Mailing Address: _____

City: _____

Telephone: _____ **Home** _____ **Work**

Spouse Name: _____

Date: _____

Annual Fee: \$25.00

KEY # _____

FEE IF KEY IS LOST: \$25.00 _____

NOTE!
YOU ARE PAYING FOR MEMBERSHIP. THE KEY IS THE
PROPERTY OF THE CITY OF RED CLOUD!

**RED CLOUD COMMUNITY CENTER
EXERCISE ROOM
INFORMED CONSENT AND WAIVER**

I, _____ (participant), hereby voluntarily agree to use the exercise equipment at the Red Cloud Community Center. I understand that the equipment consists of a four (4) station weight machine with multiple exercise options, a recumbent bike and 1 treadmill and elliptical machine.

I assume all risks for participation in any such exercise activity. I acknowledge the necessity and responsibility of consulting my personal physician prior to beginning any exercise program and I understand that if I have any of the following conditions, I must receive my physician's approval before participating in an exercise program.

1. Respiratory Disease
2. Uncontrolled high blood pressure, systolic blood pressure equal to or greater than 160, diastolic blood pressure equal to or greater than 100
3. Insulin dependent diabetes
4. Morbid obesity
5. Signs or symptoms of heart disease
6. Pregnancy
7. Seizure disorder

I acknowledge the responsibility to utilize the facility and equipment properly and safely. I understand and agree that prior to my independent use of the facilities at the Red Cloud Community Center; I must complete an orientation of the Community Center with an instructor if I have not used such equipment previously. It is my responsibility to arrange for such training. I further agree to and abide all membership rules and regulations at all times.

I am aware of the risks and possible discomforts that may occur through the use of exercise equipment, such as:

1. adverse body signs and symptoms,

2. muscle/joint soreness and/or symptoms, and
3. potential life-threatening cardio respiratory problems

and further understand that I am responsible for monitoring my own condition. Should any unusual symptoms occur, I will cease my use immediately.

I understand that a physician or medical practitioner is not present in the exercise room. If physical injury should occur a consequence of my participation in this program:

1. First aid may not be immediately available to me.
2. Expenses for medical care will not be assumed by the City of Red Cloud nor any of its employees or officials.
3. No compensation for loss of income, pain or suffering, or other form of compensation will be provided by the City of Red Cloud or its employees or officials, and I hereby waive any claim for injuries received, negligent or otherwise, while voluntarily using the exercise equipment.

In consideration for being allowed to use the exercise equipment at the Red Cloud Community Center, I agree to assume the risk of such exercise, and officials, including but not limited to any person who may supervise or demonstrate the use of the equipment, from any and all claims, suits, or losses or related causes of action for damages, including, but not limited to, such claims that may result from any injury, negligence, or death, accidental or otherwise, during, or arising in any way from the use of the exercise equipment or personnel and the Red Cloud Community Center. All information obtained as a result of my utilization of the facility for participating in any programs would be treated as privileged and confidential.

_____ I acknowledge that I know how to operate each piece of equipment correctly and safely and require no instruction.

Participant Signature

Date

Spouse Signature

Date

Witness

Date

RULES
RED CLOUD COMMUNITY CENTER
EXERCISE ROOM

HOURS: 5 A.M. TO 11:00 P.M.

CHILDREN ARE NOT ALLOWED IN THE BUILDING ANYTIME UNSUPERVISED. A PARENT MUST ACCOMPANY THEM AT ALL TIMES.

1. All equipment will be used in a safe manner, consistent with the manufacturer's intention.
2. Tobacco, drugs and alcohol are not allowed in the exercise room.
3. Profanity is not allowed.
4. Children under the age of 18 are not allowed to utilize the equipment.
5. Keep the exercise room clean and safe.
6. Report all equipment problems immediately to the City Office 746-2215.
7. Audio or video equipment utilization shall be individually audible or with the consent of other members.
8. Do not let anyone else use your entry key.
9. Do not open the door to the building to allow anyone to enter. All persons entering the building must have an entry key.
10. Do not leave children unattended while you use the equipment.
11. Be considerate of others – use your time on the equipment efficiently.

THANK YOU FOR YOUR COOPERATION!!!!

Exits: There are two main exits and two more in the Multi-Purpose room.

Emergency: Call 911. There is a phone on the south wall in the exercise room and a pay phone in the hallway. Fire extinguishers are located in the hallways.

Police Dept.: 746-2722 or 746-3612

City: Call 746-2215