

# Milan Seniors for Healthy Living

## Exercise Room Forms

...Where we get better with age.

### Medical Clearance Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Doctor:

\_\_\_\_\_ has applied for enrollment for use of the exercise equipment at the Milan Seniors for Healthy Living (MSHL). The equipment at the Center consists of free weights, exercise bikes, treadmills and stair climbers. By completing the form below, you are not assuming any responsibility for the provision of the equipment. If, however, you know of any medical or other reason why the applicant should not use the kind of exercise equipment listed above, please indicate so on this form. If you have any questions regarding MSHL exercise equipment, please call our office at (734) 508-6229.

#### REPORT OF PHYSICIAN

\_\_\_\_\_ I know of no reason, medical or otherwise, why the applicant may not participate.

\_\_\_\_\_ The applicant should not engage in the following activities:

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\_\_\_\_\_ I recommend that the applicant NOT participate in any use of the exercise equipment.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Please return form to:

Milan Seniors for Healthy Living, 45 Neckel Ct., Milan, MI 48160 or fax to (734) 439-4315. **Both sides of this form must be returned. Applicant must sign back of this form.**

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### General Release and Indemnity Agreement

I, \_\_\_\_\_, hereby request that I be permitted to use the physical fitness and exercise equipment (hereafter referred to as "the equipment") owned by either the City of Milan, Department of Parks and Recreation or Milan Seniors for Healthy Living (hereafter referred to as "MSHL").

I acknowledge and understand that neither the City of Milan, its Department of Parks and Recreation nor MSHL has made any representation that the equipment is safe for my use.

I further acknowledge and understand that neither the City of Milan, its Department of Parks and Recreation nor MSHL will furnish any physician or nurse supervision of my use of the equipment, and that I will be using the equipment at my sole risk.

I further acknowledge and understand that use of the equipment can result in serious injury or death if it is used improperly or if my health condition is such that use of the equipment is not medically indicated.

With full knowledge of the risks involved, I nonetheless request that I be permitted to use the equipment during such time as it may be made available to me.

In support of my request for use of the equipment, I represent to MSHL that I have requested and obtained a physical examination by my physician, \_\_\_\_\_, and that he or she has certified that I am physically able to use the Equipment, or such items of Equipment as are checked off on the attached Certification. I acknowledge and understand that MSHL is relying upon my representation and the attached Certification in permitting me access to and use of the Equipment.

IN CONSIDERATION OF THE OPPORTUNITY TO USE THE EQUIPMENT, I, FOR MYSELF AND FOR MY AGENTS, REPRESENTATIVES, HEIRS AND ASSIGNS, DO HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS, AND FURTHER HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF MILAN, THE MILAN DEPARTMENT OF PARKS AND RECREATION, AND THE MSHL INCLUDING THEIR RESPECTIVE OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FROM AND AGAINST ANY OR ALL LIABILITIES, LOSSES, CLAIMS (INCLUDING WITHOUT LIMITATION THOSE FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE), SUITS, JUDGMENTS, DAMAGES, COSTS, EXPENSES, LEGAL FEES, AND CONTROVERSIES OF EVERY AND ANY KIND, KNOWN AND UNKNOWN, SUSPECTED AND UNSUSPECTED, AT LAW AND IN EQUITY, WHICH MAY NOW OR IN THE FUTURE BE ASSERTED AGAINST ALL OR ANY OF THEM AND WHICH ARISE OUT OF OR PERTAIN IN ANYWAY, DIRECTLY OR INDIRECTLY, TO MY USE OF THE EQUIPMENT AND/OR MY PARTICIPATION IN ACTIVITIES INVOLVING THE EQUIPMENT.

\*By signing this general release and indemnity agreement and the attached certification, I acknowledge and agree that I have carefully reviewed it, that I understand and agree to its terms and that I have signed it voluntarily and free from duress or undue influence by any person.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency, whom shall MSHL contact?

\_\_\_\_\_  
Name Phone Number Alternate Phone Number

45 Neckel Ct. Milan Mi. 48160 | PH: (734) 508-6229 | FAX: (734) 439-4315

[www.milanseniors.org](http://www.milanseniors.org)

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### Usage Policy for MSHL's Exercise Room

#### Eligibility:

1. Be a member of Milan Seniors for Healthy Living; or employee of MSHL; or employee of the City of Milan
2. Have a current medical release form on file in MSHL's office.
3. Have a signed usage policy form on file in MSHL's office

#### Rules for use:

1. It is mandatory to sign in MSHL's office each time you use the facility.
2. Shirts and shoes must be worn at all times
3. No food or drinks allowed (water bottles are permitted)
4. Please observe a 30-minute maximum for use of all machines during high usage periods.
5. External music may be used if all in the room can agree on music, and it can be played at "conversational level" volume.
6. Please clean and pick up after yourselves
7. Follow safe lifting techniques
8. All equipment must remain in the fitness room
9. Only those who are eligible to use this fitness room may be in the room
10. The Exercise Room is unstaffed. If you have a question or concern, please report it to MSHL's office
11. Fitness Center participants with open wounds or infectious skin diseases are required to cover affected areas at all times.
12. Follow all instructions regarding proper use of equipment. Equipment may only be used for its intended purpose. If in doubt on equipment usage, schedule an orientation session.
13. All equipment has been treated with a long term disinfectant but for the courtesy of all users, please wipe equipment after each use.
14. BE SAFE, GET HEALTHY & HAVE FUN.

Any misuse of the center may result in permanent suspension of privileges.

#### Lost and Found:

Items found will be turned into MSHL's office and held for 30 days

I have read, understand, and will comply with the policies stated herein.

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Participant signature

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Date

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