

**South Windsor Senior Center
Fit for Life Fitness Center**

INFORMED CONSENT TO PARTICIPATE

I wish to voluntarily participate in the cardio and weight resistance programs in the Fit for Life Fitness Center. These program are designed to gradually increase the work load on my cardiovascular and/or musculoskeletal systems.

I understand that there are inherent risks associated with exercise. I understand that the reaction of the heart, lungs and blood vessel systems to such exercise cannot always be predicted with accuracy. Possible injuries or medical disorders arising out of my participation in the fitness program, such as, but not limited to heart attack, stroke, sprains, broken bones, torn muscles, torn ligaments, and in rare instances, cardiac arrest can occur. Knowing these risks, I nonetheless request to participate in the cardio and weight resistance programs and assume all risks associated with my participation. I acknowledge I have no medical conditions that may prohibit my participation in this program.

I understand that Fit for Life Fitness Center is an UNSUPERVISED fitness center. I also understand that safety policies and procedures involving the fitness equipment will be explained to me during the orientation sessions with a certified fitness trainer. I understand that if I do not follow these guidelines my membership in Fit for Life will be revoked.

I also understand that I must receive permission from my physician prior to joining the Fit for Life Fitness Center and using the equipment. I am aware of any risks associated with this program and have had time to have my questions and concerns addressed by a certified fitness trainer.

I agree to release and hold harmless and will indemnify the Town of South Windsor, and their employees, and volunteers, and against all past, present and future claims and from unexpected complications and/or injuries that may occur because of my participation.

I understand that I am free to withdraw from this program at any time I desire.

I certify that I have carefully read this form before signing it.

Name _____ Date _____

Signature _____

Senior Center Staff _____ Date _____