

Oswego Town Fire District

640 County Route 20

Oswego, NY 13126

315-343-2030

www.otvfd.com

WELLNESS CENTER/EXERCISE ROOM RELEASE FORM & POLICY

WHEREAS, the undersigned desires to use the Oswego Town Fire District's Wellness Center/Exercise Room as a member or guest of a member of the Oswego Town Fire District; and

WHEREAS, the undersigned understands that physical exercise including, but not limited to the use of free weights, weight machines, treadmills, exercise bicycles or other equipment present in the Wellness Center/Exercise Room can be hazardous if not used properly and/or if the undersigned is not in good physical health; and

WHEREAS, the undersigned fully understands the risks associated with physical exercise including but not limited to tendon, ligament, joint, muscle, bone, and/or head injuries, cardiac arrest, stroke or other circulatory system injuries, paralysis and death; and

WHEREAS, the undersigned, despite knowing these risks, desires to use the Wellness Center/Exercise Room;

THEREFORE, in return for good and valuable consideration, including the use by the undersigned of the Wellness Center/Exercise Room, receipt of which is hereby acknowledged, the undersigned agrees that he or she shall use the Wellness Center/Exercise Room with all due care and diligence including but not limited to:

(a) learning and following proper and safe use of all equipment and/or devices;

(b) consulting his/her physician before beginning any exercise program or using any equipment or device;

*****(c) using a qualified "spotter" at all times when using weights; and**

(d) using due care under any circumstances which might arise.

The undersigned, his/her agents, heirs and assigns further agree to forever release, discharge, indemnify and hold harmless the Oswego Town Fire District, Oswego Town Fire Department, its officers, employees and agents from and against any and all claims for damages, losses, illness, sickness, injury or death together with any and all expenses arising there from resulting directly or indirectly from the undersigned's use of the Fire Department's premises including but not limited to the Wellness Center/Exercise Room, the equipment and devices therein, ingress and egress from the Wellness Center/Exercise Room and the use of any other Fire Department facilities.

Dated:

Signature

Print Name in Full

Signature of Witness (Chief or Commissioner)

Name of Witness (Print in Full)

**** All weight room users MUST sign in in the book located in the weight room each time you use the room.**

Adopted 2/07