



MILTON ACADEMY Fitness Room Use Agreement

ELIGIBILITY

<input type="checkbox"/> I am a current Milton Academy Student.	Name:
	Class:
<input type="checkbox"/> I am a current Milton Academy Faculty/Staff Member.	Name:
	Department
<input type="checkbox"/> I am the <input type="checkbox"/> spouse / domestic partner, or <input type="checkbox"/> child (over the age of 14) of a current Milton Academy Faculty/Staff member.	Name:
	Faculty/Staff Name:
	Faculty/Staff Department:

Other than the three categories above, no other people are eligible to use the Fitness Room at Milton Academy.

AGREEMENT WITH RULES

The following are designed to protect the rights of eligible users and to reduce liability:

Initials: _____	Eligible participants must have a current photo identification card to gain access to the Fitness Room(Faculty/Staff and students to have a Milton Academy photo identification card; spouses, domestic partners, and children of Faculty/Staff are to have some form of photo identification). In addition, all users will wave their Fitness Room pass card in front of the access panel at the door of the Fitness Room to gain access to the Fitness Room and sign in at the Front Desk. Eligible participants may not bring non-eligible guests or children to the Fitness Room, will not permit access by any unauthorized person to the Fitness Room, and will not bring any pets into the Fitness Room (unless they are guide, service, or signal dogs).
Initials: _____	Eligible student participants will limit use of the Fitness Room to weekdays between 9 am and 6 pm and Sunday between 2 pm and 4 pm. Eligible Faculty/Staff will limit use of the Fitness Room to 5:30 am to 9 pm daily.
Initials: _____	A spotter must be used at all times for free weight training.
Initials: _____	Cardio machine use is limited to thirty (30) minutes if others are waiting.
Initials: _____	The Fitness Room will only be used for exercise activity and will not, at any time, be used as a spectator area for events occurring in the rest of the ACC.
Initials: _____	Any equipment problems must be reported to a member of the athletic department staff.

The following are designed to maintain clean and hygienic facilities and equipment:

Initials: _____	Food or drinks, with the exception of water in plastic containers, are not allowed in the Fitness Room. Glass containers are strictly prohibited.
Initials: _____	Only non-marking athletic footwear is allowed. Bare feet, open toed shoes, and dress shoes are not permitted.
Initials: _____	Appropriate exercise attire is required, including gym shorts/sweatpants and shirts.

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MILTON ACADEMY Fitness Room Use Agreement Assumption of Risk and Release Form

Initials: _____	All equipment must be wiped down after each use.
Initials: _____	Bags, books, and personal belongings are not allowed on the Fitness Room floor.
Initials: _____	All equipment must be returned to its proper place after use.
<p><i>I understand and agree to the above-stated eligibility requirements and rules, and understand and agree that any failure to abide by the rules will result in a loss of privileges.</i></p> <p>Signature: _____</p>	
Print Name: _____	Date: _____

Disclosures and Waiver if you are Faculty/Staff, a Faculty /Staff spouse or domestic partner, or a Faculty/Staff child older than eighteen (18) years:	
Initials: _____	I understand and am aware that strength, flexibility, and aerobic exercise, including use of equipment, is a potentially hazardous activity, and I am voluntarily using the Fitness Room with knowledge of the dangers involved. I will exercise within the limits determined by my physician and my knowledge of my own health status. I hereby agree to expressly assume any and all risks of injury.
Initials: _____	In consideration of being allowed to use the Fitness Room, I do hereby waive, release, and forever release Trustees of Milton Academy, and its officers, trustees, agents and employees from any and all responsibilities or liability for injuries or damages resulting from my use of the Fitness Room.
<p><i>I understand and agree to the above-stated Assumption of Risk and Release.</i></p> <p>Signature: _____</p>	
Print Name: _____	Date: _____

FOR CAMPUS SAFETY DEPARTMENT USE ONLY	
Signature, Eligibility and Rules: _____	
Signature, Faculty/Staff Disclosure and Waiver: _____	
Approved: _____	
Pass Card Number Issued: _____	
Approved by: _____	Date: _____