



Please Print Name On The Line Below:



## FITNESS FACILITY RULES & REGULATIONS

The following Rules & Regulations as set forth are part of participant's agreement and participants are obligated to observe and comply with the same.

1. No one is allowed to use or be permitted to the fitness facilities unless they are a member in good standing, or a registered guest with the Bowling Green Parks & Recreation Department Fitness Division.
2. Signing In: All participants, upon each visit are required to scan/card in.
3. All members must have their membership card with them while at the fitness facility.
4. No food and/or tobacco in any form will be permitted in weight room area.
5. Gym/duffle bags **are** permitted in the designated area. Please hang coats on the coat rack.
6. Absolutely no horseplay allowed.
7. The use of profanity or clothing with suggestive or profane sayings is not allowed. Clean proper attire must be worn.
8. Shirts and shoes must be worn at all times. Open toe shoes such as sandals/flip-flops are not allowed.
9. Collars/clamps must be used on all barbells.
10. Break down all weights and replace dumbbells after use. Failure to do so will result in suspension of membership.
11. Locker rooms are for current members only.
12. Please do not bang or drop the weights or dumbbells. Misuse/abuse of equipment will result in suspension.
13. All fitness equipment (dumbbells, mats, balls, etc.) are to remain inside the fitness areas at all times.
14. Valuables: Bowling Green Parks & Rec. Department is not responsible for the loss, theft of, or damage to, personal property.
15. Maintenance of Facilities: In order to ensure that the B.G. Parks & Rec. Facility is properly maintained, Bowling Green Parks & Rec. reserves the right to temporarily close at any time during the year. Any days lost due to being closed, will be added to your next month's expiration date.
16. Participants Violations: Participants privileges may be suspended or revoked at any time by any B.G. Parks & Rec. Staff, for a participant's breach of rules or regulations, other undesirable behavior, or violations of the terms and conditions of the participant's agreement. Suspension of such privileges shall not entitle participants to a refund.
17. Any equipment (including mirrors) broken, cracked or damaged due to member misuse, abuse, carelessness, or recklessness will result in repairs being billed to member.
18. **There is a \$5 replacement fee for lost key fobs. There is a \$5 fee for forgot card after first warning.**

I have read the rules and regulation and understand them. My questions (if any) pertaining to the above rules/regulation have been satisfactorily answered.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_



# INFORMED CONSENT FORM

Please Print Legibly



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

**MEDICAL PROBLEMS WE SHOULD BE AWARE OF:**

\_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I request permission to engage voluntarily in the City of Bowling Green Fitness Facility Activities / Programs (including, but not limited to, the weight room, exercise equipment, cardio room, aerobics, racquetball and locker rooms – hereinafter “Fitness Facility Activities/Programs”) to attempt to improve my physical fitness.

I have read this Informed Consent Form and understand there are inherent risks associated with any physical activity. I understand that I am responsible for monitoring my own condition throughout my exercise program and during the use of the City’s Fitness Facility Activities/Programs and I agree to abide by the regulations and policies of the City.

In consideration for being allowed to engage voluntarily in the City of Bowling Green Fitness Facility Activities / Programs: I do hereby voluntarily and knowingly release and forever discharge, indemnify and hold harmless the City of Bowling Green, Kentucky, its officials, officers and employees from any and all claims, suits, losses or related causes of action for damages (including all claims or causes of action based on the alleged negligence or gross negligence of the City or its officials, officers or employees) for any personal injury, loss of life, property damage and all other damages arising out of, related to or while using the City Fitness Facility Activities / Programs including, but not limited to, all injuries which may occur as a result of my use of physical fitness amenities and equipment, my receipt of instructions and other services from City staff, my participation in any fitness activity, class, program or instruction, the malfunction of any equipment, my slipping and/or falling while in or on any City Fitness Facility Activities / Programs and the City’s attorney’s fees and costs.

**In signing this consent form, I voluntarily affirm that I have read this Informed Consent in its entirety, that I understand the nature of danger and risks of physical fitness activities, that I should consult with a physician before engaging in physical activity and that I agree to use the City’s facilities at my own risk.**

I have read and fully understand the provisions of this Informed Consent and I have voluntarily, knowingly and intelligently executed this Informed Consent. This Informed Consent shall be binding on my heirs and assigns and shall be interpreted as releasing the City and its officials, officers and employees from all liability to the fullest extent allowed by Kentucky law.

DATE: \_\_\_\_\_

EXERCISE SUPERVISOR

PARTICIPANT’S SIGNATURE

**FITNESS FACILITY AGE POLICY:**

- \*11 Years: May use Cardio, Aerobics, Racquetball, Selectorized, and Locker Rooms w/ parent or adult
- \*12-15 Years: May use all Fitness Areas w/parent or adult
- \*16-17 Years: May use all Fitness Areas

**\*IF PARTICIPANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR ADULT 18 YEARS OF AGE OR OLDER IS NEEDED.**



## DEMOGRAPHICS

Please answer for reporting & grant funding:

**RACE:** (Select one or more) American Indian or Alaska Native:\_\_\_\_\_ African American:\_\_\_\_\_

Asian:\_\_\_\_\_ Native Hawaiian or Other Pacific Islander:\_\_\_\_\_ White:\_\_\_\_\_ Hispanic or Latino:\_\_\_\_\_

**GENDER:** Male:\_\_\_\_\_ Female:\_\_\_\_\_

**EMPLOYER:**\_\_\_\_\_ **WORK PHONE:**\_\_\_\_\_

## REFUND POLICY

All requests for a refund must be made directly to the Fitness/Wellness Supervisor. Refunds will only be given if once you have purchased a membership, you provide us with a written, dated, medical doctor's statement indicating that you are not able to participate in our Fitness program(s) or at our Fitness Facility. Or, if once you have purchased your membership, and during the course of your current (active) membership, you have a change in your medical condition or have sustained an injury/accident that would prohibit you from participating in a physical activity program or at our Fitness Facility, and you provide us with a written, dated, doctors statement indicating such change or restriction.

The amount of refund may not be for the whole purchase price of your membership. Refund amount will be pro-rated for the unused portion of your membership, minus (-) membership card fee of \$10.00. Refunds may take up to two weeks to process and may be in the form of cash, check or credit to your Visa/MasterCard. (If paid by credit card)

**Memberships that are expired, suspended or revoked are not eligible for a refund.**

*I understand the Bowling Green Parks and Recreation Fitness Facility Refund Policy.*

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date