



Ellington Senior Center Forever Fit Membership & Informed Consent Form

Mailing Address: 55 Main Street, PO Box 187, Ellington, CT 06029
Physical Address: 40 Maple Street, Ellington, CT 06029
Telephone: (860) 870-3133



New Member Registration	
Name:	
Phone Number:	
Street Address:	
City, State, ZIP	
Email Address:	
Emergency Contact (name/number):	
SilverSneakers or Renew Active #:	
Insurance Member ID Number:	
Group Number:	

Membership Fee		
\$60 for 6 months <input type="checkbox"/>	\$110 for 1 year <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Payment Date:	Cash:	Check #:
Staff Initials:		

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

Signature

Date

***Physician's Medical Clearance:**

A signed Physician's Medical Clearance form is required before you can become a member of Forever Fit. Clearance form is required to be renewed annually.

***Informed Consent/ Policies and Procedures.**

A signed Informed Consent to Participate and acknowledgement of Policy and Procedures form is required. Be sure to thoroughly read these forms before you sign them.

***Required Orientation Session:**

A member must be able to safely operate the fitness equipment independently following

a mandatory orientation. The orientation sessions will include instruction on how to use the equipment properly and how to monitor yourself safely. This is important because you will be exercising in an **unsupervised** environment without the continued presence of staff.

The Ellington Senior Center reserves the right to deny use of Forever Fit for safety and/or health reasons.

**Ellington Senior Center Forever Fit
INFORMED CONSENT TO PARTICIPATE**

I wish to voluntarily participate in the cardio and weight resistance equipment in the Forever Fit Fitness Center. I understand that there are inherent risks associated with exercise. Possible injuries or medical disorders arising out of my participation in the Forever Fit Fitness Center, 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 Forever Fit Fitness Center and assume all risks associated with my participation.

I understand that Forever Fit Fitness Center is UNSUPERVISED. I also understand that safety policies and procedures involving the fitness equipment will be explained to me during the orientation session. I understand that if I do not follow these guidelines my membership in Forever Fit Fitness Center will be revoked.

I also understand that I must receive permission from my physician prior to joining the Forever Fit 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 physician.

I agree to release and hold harmless and will indemnify the Town of Ellington, 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 have received and read the Policies and Procedures information regarding The use of Forever Fit fitness facility.

I understand that I am free to withdraw from this program at any time I desire without reimbursement.

This section is for staff use only. Initial & date box once complete.	
Verify member is active Ellington Senior Center member in MySeniorCenter.	
Medical Clearance Form scanned and saved to F drive & MySenior Center.	
Forever Fit Membership & Informed Consent Form scanned & saved to F drive and MySeniorCenter.	
Member entered into Forever Fit group on MySeniorCenter.	