



Romulus Fitness Center Use Renewal

We're excited to welcome you back for another year at
Romulus Fitness Center!

It's time to sign up or renew your free membership!
Join us for another year of fitness, fun, and community.

Sign up at: Romulus Central School Main Office

Questions? Contact us at 607-869-5391

Thank you for being part of Romulus
Fitness Center community. We can't wait to
see you back!



Romulus CSD

Fitness Center Participant Information Form

Name: _____ (Last, First MI)

Address: _____ (# and Street)

_____ (Village/Town) (State) (Zip Code)

Phone: _____ (Cell) _____ (Home) _____ (Work)

Email: _____

Emergency Contact Name: _____ **Phone:** -----

Date of Birth: / / **Sex:** Male Female Prefer not to Disclose
(circle one)

✓ one	Participant Classification	Required Paperwork/ Verification	Fees
☐	Romulus CSD current & retired staff, including BOE Approved coaches	Copy of Photo ID Informed Consent & Assumption of Risk Agreement Physician's Medical Clearance Form Fitness Center Participant Information Form	Free
☐	College Student- *Romulus CSD alumni, *Romulus CSD current resident	Same as above Valid College ID	Free
☐	Active Military- * Romulus CSD current resident	Same as above Valid Military ID	Free
☐	Romulus CSD Resident- *Not any of the above	Same as above	Free

FOR OFFICE USE ONLY	Date of Expiration (valid for 2 years): _____
_____ Date of Physician Medical Clearance	
_____ Date of Signed Informed Consent and Assumption of Risk Agreement	
_____ Date of Fitness Center Participation Information Form	
☐ Raptor ID on File	Notes if applicable _____ Start Date _____ Initials of Athletic Director _____



Romulus CSD

Informed Consent and Assumption of Risk Agreement

As a condition of using the Romulus Central School District's Fitness Room, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of Fitness Room's equipment and participation in Fitness Room exercise activities and have provided proof of such to the district through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Fitness Room's equipment and participation in its exercise activities and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety, or well-being of other Fitness Room users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the district and my physician of such.
2. I agree to follow all posted directions in the Fitness Room and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Fitness Center. I further acknowledge that I will be responsible for damaged or broken fitness equipment if I do not utilize it properly or follow the rules.
3. I understand that the Fitness Center supervisor is not responsible for supervising me or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.
4. I hereby acknowledge that my use of the Fitness Center involves risks, such as possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). I assume all risks associated with my use of the Fitness Center.
5. I hereby release the Romulus Central School District, its Board of Education, its employees, agents, and assigns (in both their corporate and individual capacities), for all claims whatsoever (of any nature) arising from and/or relating to my use of the District's Fitness Center, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment. I further agree to defend and hold each of them harmless from and against any and all liability, actions, causes of action, debts, claims, demands, or suits at or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with the use of the Romulus CSD Fitness Center.

(Printed Name)

(Phone Number)

(User's Signature)

(date)



Romulus CSD

Physician's Medical Clearance Form

Name: _____ has requested use of the Romulus Central School District's Fitness Center. The Fitness Center supervisor is not responsible for supervising persons utilizing the Fitness Center or monitoring the manner or intensity of a person's use of the equipment or participating in exercise activities.

If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form.

If you have any further questions about the facility, its equipment, or activities, please call the Romulus Central School District's Athletic Office at 607-869-5391

PHYSICIAN'S REPORT

I, _____, give clearance for _____
(Name of Physician) (Name of Participant)
to use weights and fitness machines at the Romulus Central School District's Fitness Center and participate in its exercise activities with the following recommendations and/or restrictions.

Specific Recommendations:

Restrictions:

Attachments: ☐ Please check this box if there are any attachments for medical clearance.

Physician's Signature: _____

Date: _____

Physician's Printed Name: _____

Physician's Address: _____

Physician's Phone Number: _____

**Please note this Medical Clearance Form expires on the last day of the month, two years from the signature date above. It is the sole responsibility of the participant to inform Romulus CSD of any applicable changes prior to this form's expiration.*

Confidential Information
Controlled Distribution