

General Rules & Safety Procedures for Wellness & Rehab Center

Hours of Operation

Monday - Friday

6:30 am – 8:00 pm – Community (Must be at least 21 years of age.)

Saturday and Sunday

7:30 am -- 6:00 pm

Safety:

The Center will not be staffed at all times. Perform exercise and utilize equipment safely.

Requirements for participation:

1. Complete equipment orientation & demonstrate proper use.
2. Completed and returned: Exercise Consent Form; Fitness Activity Release Form; if applicable, Physicians Release Form.

Fitness Center Usage:

1. Equipment orientations and workouts must be done on personal time.
2. Exercise at your own risk. Lutheran Homes and Health Services is not liable for injuries while working out at the fitness Center or while participating in other fitness activities offered on Fond du Lac Lutheran Home property.
3. No equipment may be used without orientation.
4. Members must adhere to safety precautions at all times.
5. Equipment problems or concerns should be reported to Wellness & Rehab staff.
6. Limit equipment use to 20 minutes per machine if center is busy.

Conduct/Personal Hygiene:

1. Employees must adhere to Fond du Lac Lutheran Home Rules of 'CARES'.
2. Proper exercise clothing is required. Clean indoor tennis shoes, modest clothing, no-bare midriffs. No bare feet.
3. Respect the space and your noise level. Personal headphones for music are permitted.
4. No food or drinks are permitted in the fitness center, except for water. Water must be in a covered bottle to prevent spills and equipment damage.

Equipment Safety/Precautions/Maintenance:

1. Employees must wipe down equipment as instructed by fitness staff after each use with the solutions provided at the Center.
2. Lockers located in the Center may be used during exercise sessions; no overnight storage permitted. You may provide your own lock.

Orientation of Equipment Procedures

1. Read "General Rules & Safety Procedures".
2. Complete all required forms prior to orientation:
 - a. Wellness Activities Release Form.
 - b. Exercise Consent Form.
3. Set-up an orientation appointment with Wellness Center staff. Group orientation will be provided to service new members. All members will be instructed on proper use of equipment.
4. You may NOT waive the equipment orientation and start working out on your own.
5. Please wear appropriate exercise apparel and shoes for the orientation. You will be using the machines during orientation.





Exercise Consent Form

Name of Participant: _____

This consent is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity that is most suitable for them.

Please read the following questions and check Yes or No. There are many benefits associated with regular exercise. Common sense is your best guide in answering these questions.

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Has your doctor ever said you have heart trouble? |
| ___ | ___ | Do you have a history of heart trouble? |
| ___ | ___ | Has a doctor ever said you have high blood pressure? |
| ___ | ___ | Do you ever feel faint or have spells of severe dizziness with physical exertion? |
| ___ | ___ | Has your doctor ever told you that you have a hernia, bone, back or joint problem such as arthritis, that has been aggravated by exercise? |
| ___ | ___ | Are you 65 years of age or older, and not accustomed to vigorous exercise? |
| ___ | ___ | Are you diabetic? |
| ___ | ___ | Are you a smoker? |
| ___ | ___ | Do you have asthma or emphysema? |

I understand the information listed regarding physical activity, and have answered all the questions truthfully and feel it is appropriate for me to engage in exercise without consulting my physician or other health care provider. I accept responsibility for performing exercise appropriately. I will report any changes in my health to my health care provider as well the fitness staff at The Wellness & Rehab Center.

Signature: _____

Date: _____



Wellness Activities Release Form

Whereas, I, _____, ("Member") desire to become a member of the on-site wellness center located at the Fond du Lac Lutheran Home and/or a participant in the on-site exercise classes (Wellness Activities); and

Whereas, Lutheran Homes and Health Services, Inc. has made no determination regarding Member's ability and capacity to participate in the Wellness Activities offered on-site, and/or regarding the property of such participation by Member; and

I understand that participation in the Wellness Activities may be physically demanding and potentially dangerous (and may require consultation with a physician), and further understand all risks associated with my participation in the Wellness Activities (including the risk of any injury resulting from the nature of the Wellness Activities), or the condition of the equipment and premises used in connection with the Wellness Activities, about which Lutheran Homes and Health Services, Inc. makes no representations or warranties. I have read and understand the 'General Rules & Safety Procedures' and will follow them.

NOW, THEREFORE, FOR MYSELF AND MY SPOUSE (if applicable), HEIRS, EXECUTIVES, SUCCESSORS, ASSIGNEES AND REPRESENTATIVES OF ANY KIND, I HEREBY RELEASE Lutheran Homes and Health Services, Inc., ITS AGENTS, CONTRACTORS, INTERNS, EMPLOYEES, OFFICERS, AND DIRECTORS FROM ANY LIABILITY WHATSOEVER FOR ANY PERSONAL INJURY (INCLUDING DISCRIMINATION, DISABILITY AND DEATH) OR DAMAGE TO MY PROPERTY ARISING OUT OF MY PARTICIPATION IN THE FITNESS ACTIVITIES AND FURTHER AGREE TO ASSUME ALL RISKS ASSOCIATED WITH SUCH FITNESS ACTIVITIES.

I acknowledge that this Release is executed by me in exchange for the opportunity to participate in the Wellness Activities. This Release shall remain in force until written revocation thereof is delivered to Lutheran Homes and Health Services, Inc.; however, I recognize that my revocation of the Release may result in my being barred from participation in further Fitness Activities.

I have fully read this Release, understand all of its conditions and agree to it of my own free will.

Member's Signature

Witnessed by Wellness Center Coordinator

Print Name

Date:



Emergency Contact Information

Name of Participant: _____

Street Address: _____

City, State, Zip _____

Phone Number: _____ D.O. B. _____

Email Address: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

Please check if we may use the following for promotional materials:

- Address
- Email Address

All information will be kept confidential



Orientation of Equipment Procedures

Complete all required forms prior to orientation:

- a. Wellness Activities Release Form.
- b. Exercise Consent Form.

Set-up an orientation appointment with Wellness Center Coordinator.
All members will be instructed on proper use of equipment.

You may NOT waive the equipment orientation and start working out on your own.

Please wear appropriate exercise apparel and shoes for the orientation. You will be using the machines during orientation.

I have received an orientation on the proper use of the Wellness Center equipment.

Member's Signature

Date:

Print Name
