



BEECH STREET CENTER 266 BEECH STREET BELMONT, MA 02478 617-993-2970.

USE POLICY FOR THE FITNESS ROOM

1. Individuals using the Fitness Room must be 1) Belmont residents 50 years of age **or** 2) are out of town residents age 60 and over who otherwise have either volunteered for the center or have already been active users of the center for 4 months or longer.
2. Every individual wanting to use the Fitness Room must first sign a brief application and schedule with the front desk a "Learn to Use the Machines and Equipment" Orientation Session with a Beech Street Center Fitness Instructor. Orientation Sessions will be in small groups and will be held several times a week. No one will be allowed to use the Fitness Room unless they have completed the Orientation by the Fitness Instructor.
3. Prior to beginning each Orientation session, the individual must read and sign the Fitness Room Town Release Form. After the Orientation, the Instructor will record and date the applicant's completion of the Orientation. If an individual fails to use the Fitness Room for a period of eight consecutive months, s/he must complete another Orientation.
4. After completing the Orientation, s/he must complete a Fitness Room Registration Form and Pay a Fitness Room Membership or One Day Pass Fee. An individual will then receive a Fitness Room Membership Card or One Day Pass from COA front desk staff and receive a Fitness Room Swipe Card. The Swipe Card is non-transferable. The Card must be returned after leaving the Fitness Room.
5. Individuals using the Fitness Room do so at their own risk. There will not be COA staff present in the Fitness room while it is open and being used by members. The COA front desk shall have limited audio monitoring access to the Fitness Room when it is open. A telephone for emergency use will be available in the Fitness Room. If there is only one person using the Fitness room, it is recommended that an "Emergency Pendant" furnished by COA staff be worn.
6. Fitness Room equipment will be available on a first-come, first served basis.
7. For the health and safety of others, each person must wipe down the equipment after every use. No food or drink other than water in plastic bottles is allowed in the Fitness Room. Sports shoes and appropriate attire must be worn in the Fitness Room at all times. The use of cell phones or internet connected devices is prohibited.
8. Personal Trainers may accompany individuals in the Fitness Room. Personal trainers must register with the Front Desk and show evidence of business liability insurance with a limit occurrence of not less than five hundred thousand dollars (\$500,000) prior to entry into the Fitness Room with an individual.



**BEECH STREET CENTER,
BELMONT COUNCIL ON AGING
FITNESS ROOM ORIENTATION REQUEST,
APPLICATION AND WAIVER FORM**

Eligibility: Individuals using the Fitness Room must be 1) Belmont residents 50 years of age **or** 2) are out of town residents age 60 and over who otherwise have either volunteered for the center or have already been active users of the center for 4 months or longer.

Hours of Operation:

Monday, Wednesday, Thursday and Friday: 8:00 a.m. to 3:45 p.m.

Tuesday: 8:00 a.m. to 6:45 p.m.

Saturday and Sunday: Closed

Age Minimum: 50 plus;

The Four Steps to Join: 1-2 Check It Out; 3-4 Join!

1. Sign the Application and Agreement and Release with the Town before scheduling an Orientation session;
2. Attend an Orientation and be trained in the proper use of the Fitness Machines and Equipment;
3. Read the Fitness Room Rules;
4. Pay the Fitness Room Fee [Daily or 3 Month Membership] and finalize Application.

Membership Fees:

Individual: Three months: \$35.00 for Belmont residents, \$40 for non-Belmont residents; or One Day pass: \$10.00. The \$10 one day pass fee can be applied toward the three month membership within fourteen (14) days of purchase.



BEECH STREET CENTER FITNESS ROOM REGISTRATION

Name: _____ Date of Birth: _____
Residential Street Address: _____
Town: _____ Zip Code: _____
Home Telephone: _____ Work Phone: _____
Cell Phone: _____ E-Mail Address: _____

Emergency Contact Name: _____
Address: _____
Town: _____ Zip Code: _____
Relationship: _____ Telephone: _____
E-mail Address: _____

My Physician's Name, Address and Telephone Number: _____

I am interested in getting oriented on fitness room machines and equipment:

Signature of Applicant Date: _____

To Be Completed By Designated C.O.A. Staff :

1. Date Orientation Scheduled: _____;
 2. Date town agreement and release signed by applicant: _____ (Attached)
 3. Orientated on fitness machines and equipment by
(INSTRUCTOR) _____ on (DATE) _____
 4. Rules read _____, membership fee paid _____, Signatures _____
 5. Receipt:
A. Three Month: _____ Today's Date: _____
Date Expires: _____ Amount Received: \$ _____; or
B. One Day Pass: _____ Today's Date _____ Amount \$ _____.
- COA: Completed Registration Form, Waiver Form and Membership Fee Received

Signed By COA: _____, Date: _____



Signed By Applicant: By signing this form to use the Beech Street Center Fitness Room, I have met and agree to the following conditions:

1. I have completed an Individual Registration Form and paid a membership fee or one day pass fee for Fitness Room Use;
2. I have read and signed the attached Council On Aging Fitness Room Participant's Agreement with the Town Of Belmont And Release Of Liability form;
3. I have received a copy of the Use Policy for the Fitness Room, and agree to follow the stated Rules and Regulations for room use as outlined in the policy;
4. I have attended an orientation session and have been trained in the proper use the equipment;
5. I agree to the holding of the information set forth in this packet by the Belmont Council on Aging and such information is not a public record.

Final Fitness Room Applicant Signature:

Date:

BEECH STREET CENTER FITNESS ROOM PROGRAM ORIENTATION VERIFICATION FORM

Please be advised that _____

has successfully completed the orientation for use of the equipment in the Beech

Street Center Fitness Room on _____.

Susan Barbato, Fitness Instructor

Date



Council On Aging Fitness Room Participant's Agreement With The Town Of Belmont And Release Of Liability Form

1. I wish to participate in the exercise activities and programs of the Council on Aging's Beech Street Center Fitness Room. I understand that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(please initial)**_____;
2. To the best of my knowledge, I hereby certify that I do not suffer from any condition, impairment, disease, infirmity or other illness that would preclude me from engaging in the activities of the fitness room and/or the use of the equipment and machinery and that my answers to the questions set forth are true, complete and accurate. Note: If you are uncertain about this, please consult your health care provider before using the fitness room and do not complete this form. **(please initial)**_____;
3. In consideration of being allowed to participate in the activities and programs of the fitness room and to use its equipment and machinery, I hereby do waive, release and forever discharge the Town of Belmont and its officials, agents, employees, representatives, and all others from any and all responsibilities or liability for any personal injuries, or death to myself, including those caused by a negligent act or omission by those set forth above or on their behalf resulting from my participation in a program(s) or use of the equipment and machinery in the fitness room. This agreement shall be binding on my executors, administrators and other representatives. **(please initial)**_____.

Print Name _____ Signature _____ Date: _____

DATE AND TIME SCHEDULED FOR ORIENTATION: _____
Receptionist scheduling appointment and verifying form: _____