## SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FITNESS CENTER POLICIES

- 1. Only Current Springfield Technical Community College Students, Faculty, and Staff are allowed in the Fitness Center.
- 2. No one is allowed in the Fitness Center when the facility is closed.
- Springfield Technical Community College ID is required in order to be admitted into the Fitness Center.
- 4. Springfield Technical Community College ID must be left with the Fitness Center front desk staff upon entering and will be returned when leaving the facility.
- 5. All users are required to sign in when entering and sign out when leaving the facility.
- 6. A towel will be issued when entering the facility upon request. Towels are to be returned when leaving the Center.
- 7. Equipment is to be wiped down after each use.
- 8. Prior to utilizing any Center equipment or participating in any Center activities, a Fitness Center Policy/Release Form must be completed and on file with the Center.
- 9. Proper attire is required at all times (athletic gear) shorts, shirts & shoes are required. NO jeans or open-toe shoes allowed. Shoes should be clean of dirt and debris upon entering the Fitness Center. IF YOU HAVE A QUESTION ABOUT PROPER ATTIRE, PLEASE ASK.
- 10. You must request assistance from a Fitness Center staff member prior to using equipment that you are not knowledgeable about. IF YOU NEED ASSISTANCE, PLEASE ASK.
- 11. All equipment and facilities shall be used at all times in an appropriate and safe fashion.

  Users shall not drop or throw weights or misuse any equipment.
- 12. Time limit for cardio equipment will be 30 minutes if others are waiting.
- 13. The Center shall be maintained in a clean and unobstructed condition.
- 14. All weight plates and other equipment is to be kept off the floor and is to be returned to its proper racks when lifting is completed.
- 15. Anyone using weight lifting equipment shall be knowledgeable in the use of such equipment and shall utilize spotters and/or equipment locks when necessary (e.g., overhead lifts, squats, bench presses, platform or Olympic lifts).
- 16. Injuries and defective equipment are to be reported to the Fitness Center staff immediately.
- 17. No tobacco products, food, chewing gum, glass bottles, or cans are allowed in the Center. Plastic water bottles are acceptable.
- 18. Spitting is not permitted in the Fitness Center.
- 19. Users shall keep their feet off the walls of the Fitness Center.
- 20. No weight lifting hand chalk or powder is permitted in the Fitness Center.
- 21. No Profanity- please review student code of conduct.

- 22. No pets allowed in the Fitness Center except in accordance with the Americans with Disabilities Act.
- 23. Springfield Technical Community College is not responsible for personal belongings and lost or stolen items.
- 24. Talking on cellular phones while in the fitness center is prohibited. Cellular phones may be used in conjunction with <u>headphones</u> to listen to personal music.
- 25. Hallway Lockers are for fitness center use only and are available on a first-come basis, must get clearance to use Locker room lockers and must provide your own lock.

  All Items left in lockers overnight will be discarded.
- 26. Fitness Center staff members have the authority to enforce all Center policies, including appropriate user behavior and use of the Center's equipment, including sound system and television preferences.
- 27. Center users understand that use of the Center is a privilege, not a right. Any user that does not comply with these policies or other posted rules of the Center shall be subject to immediate removal from the Center, loss of Center privileges, and/or disciplinary action up to and including expulsion from the College. The STCC Student Code of Conduct applies to use of the Fitness Center as is the case for all facilities of the College. See <a href="https://www.stcc.edu/handbook/conductcode.asp">www.stcc.edu/handbook/conductcode.asp</a> for additional details.

| I understand and agree  | to comply with all F | itness Center policies | and procedures specified | d above. |
|-------------------------|----------------------|------------------------|--------------------------|----------|
| Male: Female:           |                      |                        |                          |          |
| Print Name:             | Signature:           |                        |                          |          |
| D.O.B.:                 | _Primary Phone:      |                        | Ram ID #:                |          |
| Emergency Contact Name: |                      |                        | Phone:                   |          |
| Status (check one):     | Student              | Faculty Staff          | Blue Ram Card            |          |

RETURN COMPLETED FORM TO THE FITNESS CENTER FRONT DESK

## SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FITNESS CENTER

## **ACKNOWLEDGEMENT OF RISK AND CONSENT FORM**

I understand that by signing this document I am representing that I understand all of its terms and conditions, as well as the terms and conditions contained in the College's Fitness Center Rules and Regulations, and that I fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document. In consideration of being permitted to use the College's Fitness Center ("Center"), and/or participate in recreational programs or classes sponsored or offered by the Center, I hereby voluntarily execute this Acknowledgement of Risk and Consent Form. I represent that I am over the age of eighteen and competent to sign this form.

I understand that there are certain dangers, hazards and risks associated with my use of the Center and the equipment located therein ("equipment"). I further understand that all risks cannot be prevented. In light of the risks associated with the use of the Center and its equipment, I may wish to consult with a physician or other health care provider regarding my current physically and/or mentally fitness prior to beginning any physical fitness workout or regiment. I represent that I am physically and mentally able to use the Center and its equipment in a safe manner.

As a user of the Center, I shall comply with all applicable policies and procedures and all directives issued by Center Staff. I understand and agree that the College does not provide medical services or medical personnel at the Center. Therefore, I consent to emergency medical care should it be required. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. In the event I must be transported to a doctor or hospital for medical treatment, I acknowledge that the College will not be obligated to provide such transportation, nor assume any responsibility for such transportation.

On behalf of myself, my family, and my heirs, I hereby agree to assume all risks associated with my use of the Center and its equipment, and I hereby release and discharge from liability and waive any legal action against Springfield Technical Community College, its governing board, officers, agents and employees (collectively, "the released parties") for any personal injury, death, or property damage I may suffer, due to any cause, including but not limited to the negligence of the released parties, arising out of or in any way connected to my use of the facility and/or its equipment. I further hereby covenant not to sue and agree to indemnify and hold harmless the released parties from any liability or causes of action whatsoever arising from property damage, personal injury or death, caused by my use of the Center and/or participation in its activities.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect.

| Male: Female:                             |                                      |
|---|--------------------------------------|
| Name: (Print Clearly):                    |                                      |
| Signature:                                | Date:                                |
| Address:                                  |                                      |
| Emergency Contact Name:                   | Phone :()                            |
| Ram Card ID #: Member Status (check one): | Student Staff Faculty Green Ram Card |