

Ridder Park fitness center rules

1. The Ridder Park fitness center hours are: Monday-Friday, 6:00 a.m. -7:00 p.m.
Closed on weekends and scheduled holidays
2. Your card key will give you access to the center only upon completion and submission of this form.
3. Use of the center is a privilege and is available to SCCOE employees.
4. Appropriate exercise attire and shoes shall be worn at all times. No gym clothes are to be worn outside of the center. Men shall wear shirts at all times.
5. Lockers are available for daily use, and should be emptied upon the completion of your workout.
6. Users shall properly warm up prior to use of equipment and read the equipment instructions before operating the exercise equipment.
7. No personal equipment shall be brought into the center.
8. Horseplay and other unsafe activities are forbidden.
9. Use the hallway phone to access internal numbers or in case of an emergency dial 9-911.
10. Please limit use of equipment to 20 minutes each when others are waiting.
11. When done, please clean the equipment by wiping it dry.
12. If you have an equipment failure, please advise a General Services Administrative Assistant on x6704 or x6864.
13. Glassware and gum are not allowed in the center.
14. Violations of any rules and regulations shall be sufficient grounds for denial of privilege.
15. These rules and regulations are subject to change without notice.

In consideration for the privilege of using the fitness center, the undersigned agrees and acknowledges the following (*check each box below*):

- I am a SCCOE employee.
- I am in good physical condition.
- I have read and agreed to the SCCOE fitness center rules and will abide by them.
- I understand that my voluntary participation in the fitness center may result in, but not limited to, sprains, strains, exhaustion, other injuries and death. I agree to hold harmless and indemnify the SCCOE its officers, directors, agents and employees, and volunteers from and against any and all claims and losses accruing or resulting from my participation in the fitness center.

(please complete and take to General Services)

Print Name: _____ Access Card #: _____ Worksite/Dept: _____

Work Phone #: _____ Signature: _____ Date: _____

In case of emergency, notify: _____

Relationship: _____ Phone # _____