**Wallingford Senior Center**

**CLUB 60 PLUS Fitness Center**

**INFORMED CONSENT TO PARTICIPATE**

I wish to voluntarily participate in the cardio and weight resistance programs in the Club 60 Plus Fitness Center. These programs are designed to gradually increase the work load on my cardiovascular and/or musculoskeletal systems.

I understand that there are health risks associated with exercise. I understand that the reaction of the heart, lung and blood vessel systems to such exercise cannot always be predicted with accuracy. Possible injuries or medical disorders arising out of my participation in the fitness program, such as, but not limited to heart attack, stroke, sprain, broken bones, torn muscles, torn ligaments, and in rare instances, cardiac arrest, can occur. Knowing these risks, I nonetheless request to participate in the cardio and weight resistance programs and assume all risks associated with my participation.

I understand that Club 60 Plus is an **unsupervised** fitness center. I also understand that safety policies and procedures involving the fitness equipment will be explained to me during the orientation sessions with a certified fitness trainer. I understand that if I do not follow these guidelines my membership in Club 60 Plus will be revoked.

I also understand that I must receive permission from my physician prior to joining the Club 60 Plus Fitness Center and using the equipment. I am aware of any risks associated with this program and have had time to have my questions and concerns addressed.

I agree to not hold liable either the Wallingford Senior Center, the Wallingford Committee on Aging, Inc., or the Town of Wallingford, and their employees, for unexpected complications and/or injuries that may occur because of my participation.

I understand that I am free to withdraw from this program at any time I desire.

I certify that I have carefully read this form before signing it.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Center Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_