Bay Path College Fitness Center
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1293
Fax: 413.565.1100
Email: healthwellness@baypath.edu

FITNESS CENTER ACCESS CARD
AGREEMENT AND RELEASE OF LIABILITY

This form must be filled out completely and returned in order for you to use the Fitness Center. It needs to be filled out only once, and will be kept on file for your entire stay at the College.

1. In consideration of being allowed to utilize the facilities, equipment, and machinery in the Fitness Center at Bay Path College, I do hereby waive, release, and forever discharge Bay Path College and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf, or in any way arising out of or connected with my use of any equipment at Bay Path College.
   Please initial _____

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that 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 _____

_____ **Height:_____ Weight:_____ Age:_____**
Name

_____ _____
Date **Signature**

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FITNESS CENTER ACCESS CARD
MEDICAL CLEARANCE FORM

This form must be filled out completely and returned in order for you to use the Fitness Center.
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Name:_____ **Member since:** _____

Address:_____
Street **City** **State** **Zip**

Telephone #:_____ **E-mail address:** _____

Student_____ **Staff**_____ **Faculty**_____ **Alum**_____ **Graduation Year** _____

Person to contact in case of an emergency: _____

Emergency telephone #: _____

PHYSICIAN'S SIGNATURE

_____ **has medical clearance to participate in the physical fitness programs, which include the use of fitness machines and equipment.**

Physician's signature_____ **Date:** _____

Health notes: _____

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