



WELCOME TO FOOTHILLS FITNESS CENTER

16 Old Pike Rd., PO Box 48, Cornish, ME 04020
Tel# (207) 625-4300 Fax# (207) 625-7300

Hours: **MONDAY – THURSDAY** 5:30am to 8:00pm
FRIDAY 5:30am to 7:00pm
SATURDAY 7:00am to 12 noon
SUNDAY CLOSED

Foothills Fitness Center is dedicated to providing you with the opportunity to improve your health & fitness level.

**Members over 65 years of age are required to have the Physician Consent Form signed.*

Foothills Fitness Center has the right to decline membership to any person who may not be appropriate for our unsupervised fitness program.

GENERAL POLICIES:

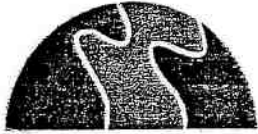
1. Members must be 16 years or older to use the Fitness Center. Anyone 13-15 years old may use Foothills Fitness Center with a directly supervising adult 18 years of age or older. Anyone age 16 & under must have their registration form signed by a parent/legal guardian.
2. NO food or drink in the fitness area. Water is allowed in plastic capped containers.
3. Absolutely NO street shoes are allowed in the gym area. Please bring gym shoes to wear during your workout.
4. Please wipe off gym equipment: seats, pads, controls, etc... when you are finished. We thank you for this courtesy- it will be appreciated by our members & staff.
5. Promptly report any problems with the equipment or with other members to the Foothills Staff.
6. Membership fees are non-refundable
7. In order to avoid confusion... a "one month" membership is 30 consecutive days, not 30 separate visits to this facility. Your month begins on the first day you use the Fitness Center.

ORIENTATIONS:

Orientation sessions will be provided for Cybex and/or cardiovascular machine instruction. An orientation session lasts one-half hour. This is not to be confused with a personal training session, which is more specific to your personal needs. Please ask for information regarding a personal trainer if so desired.

Thank you for your cooperation!
Foothills Fitness Center Staff ☺

(over)



FOOTHILLS FITNESS CENTER

CYBEX MACHINE POLICIES

1. Check seat & weight settings prior to using each piece of equipment.
2. Do not drop or slam the weight plates.
3. When doing multiple sets, allow others to use the equipment during your resting phase.
4. Exit the equipment promptly when your workout is finished.
5. A shirt and enclosed shoes must be worn when using all equipment.

FREE WEIGHT AREA POLICY

1. Please re-rack dumbbells and plates after use.
2. Do not drop or slam weights.
3. Do not hang from the cable crossover machine.

CARDIOVASCULAR EQUIPMENT POLICIES

1. Equipment use is on a first-come, first-serve basis.
2. Please sign up on the clipboard during busy times. The only person you may sign up is yourself.
3. Please limit your usage to 30 minutes at one time.
4. Return controls to their starting position when finished.

THANK YOU!
Foothills Staff ☺



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Fitness Program Registration Form

NAME _____ DATE _____

ADDRESS _____ HOME PHONE _____

WORK PHONE _____

EMAIL _____ DATE OF BIRTH _____

DRIVER'S LICENSE _____

EMERGENCY CONTACT NAME _____ PHONE _____

MEDICAL HISTORY (Please list any medical condition that may affect and/or limit your workout, i.e., high blood pressure, diabetes, heart condition, asthma, recent injury and/or surgery, etc.) _____

MEDICATIONS _____

ALLERGIES _____

DOCTOR(S) _____

FITNESS GOAL _____

I, _____ recognize the need to exercise the necessary precautions to prevent accidental injury during my active participation in the Fitness Program. I accept the responsibility to conduct myself in a safe and appropriate manner at all times while I participate in this fitness program.

I understand and agree that I am ultimately responsible for the balance on my account. I have read all the information on both sides of this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status of the above information.

SIGNATURE _____ PARENT/LEGAL GUARDIAN _____

DATE _____

Foothills Fitness Center

Exercise Risk Factor Questionnaire

(A Questionnaire for People Aged 15 to 65)*

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are between the ages of 15 and 65, this questionnaire will help to decide whether you should check with your doctor before you start. If you are over 65 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you been inactive for more than 3 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you more than 20 pounds overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you ever extremely out of breath? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you smoke or have any history of lung disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you feel pain in your chest, left neck, shoulder, or arm when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have a bone or joint problem such as arthritis, that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you 40 or over and not accustomed to vigorous exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you have a family history of premature coronary artery disease (heart attack or chest pain prior to age 50)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you know of any other reason why you should not do physical activity? |



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Fitness Member Release of Liability

I _____
(PRINT YOUR NAME)

fully understand that the exercise programs of Foothills Fitness Center (FFC) may require rigorous and/or strenuous activity. I hereby represent and acknowledge that my physical condition permits me to participate in such exercise programs. I further acknowledge that I have been advised that at any time during which I have physical difficulty, I will immediately stop the activity and inform the Fitness Staff. I have volunteered to participate in this opportunity to exercise and fully accept responsibility for myself. I understand that the possibility of exercise injuries and/or disorders exists, and I acknowledge and accept the risks involved in exercising at FFC.

I understand that I will not be accepted for participation in the fitness program if FFC knows or becomes aware of any reason why my participation would be dangerous to myself or to others.

I recognize that I am responsible for preserving all equipment and fixtures of FFC during the time of my program. If damages occur as a result of my neglect or misuse, I will report the incident to the Fitness Staff. I recognize that I am responsible for the cost to replace and/or repair the item(s).

I also release and discharge on behalf of myself, my heirs, assigns and successors in interest, all officers, directors, agents and employees and other representatives of FFC and its insurers from any and all claims, damages, demands, and liabilities arising out of or in any way related to participation in FFC activities, and the use of any of its exercises, procedures, equipment, or other results attained therefrom.

Member's Signature

Date

Witness

Date

1. Foothills Physical Therapy (FPT) and Foothills Fitness Center (FFC) conduct separate businesses as a Physical Therapy Clinic and as a Fitness Center.
2. Fitness members, by signing this form, acknowledge use of the premises on a basis independent of professional physical therapy services. Any/all recommendations (such as stretches, exercises, use of the equipment) given to the member by FFC staff, even if from a physical therapist, should not be construed as professional physical therapy.
3. FPT and the physical therapists it employs will not be held liable for any injuries resulting from recommendations by a physical therapist to Fitness Center members.
4. FFC members acknowledge that use of Fitness Center facilities is on an independent basis and in doing so, members personally assume such risks as reasonably expected.
5. Use of the Fitness Center does not in any way imply an obligation of the member to Foothills Physical Therapy professional physical therapy services.
6. FPT holds no obligation to treat a member for injuries resulting from use of the facilities as a Fitness Member.

Print Name:

Sign Name:

Date: