
I. Overview

The following operating procedure provides guidelines for the University of Arkansas Community College at Batesville Fitness Center. The purpose of the center is to provide an opportunity for UACCB employees and students to improve their general health and well-being through the use of the fitness equipment located in the Nursing and Allied Health Building.

II. Practice

The UACCB Fitness Center will be open on a scheduled basis with hours varying from day to day, semester to semester. Hours of operation will be sent out electronically each semester and posted outside the center. Each semester users will be required to complete a Physical Activity Readiness Questionnaire and sign a "Release of All Claims for Personal Injury" and "Property Damage and Indemnity Agreement" before using the facility.

Student Use

Currently enrolled UACCB students have access to the fitness center during posted hours and must check in with the fitness center attendant on duty before using the center. A current UACCB ID will be required to be shown at each visit. If rules are not followed, students will be asked to leave.

Employee Use

All current full and part-time employees have access to the fitness center during scheduled faculty and staff hours.

General Rules

- Sign-in and out. Students will be required to show a valid UACCB ID.
- Do not let others into the fitness center.
- Report any malfunctioning equipment.
- Lockers are for day use only. Locks will be cut if left on locker.
- Clean machines after use. Cleaning wipes and paper towels are located in the fitness center.
- Proper hygiene is required.
- Athletic shoes are required. No dress shoes, boots, cleats or sandals are permitted.
- Appropriate exercise clothing is required: T-shirts, shorts and/or sweat suits.
- Do not slam, drop, clang or throw dumbbells on floor when you are finished.
- Do not leave dumbbells on the floor. If you move equipment, put it back where it belongs.
- Be courteous to staff and other users while working out. During busy times, limit time on each machine if others are waiting.
- No food or drink except water. Water must be in a spill proof container. No glass bottles.
- Keep the television volume at a reasonable volume level.
- Weights may not be removed from the fitness center for any reason.
- Loud, profane and/or abusive language is prohibited. Disorderly conduct and horse play will not be tolerated.

III. Clarifying Points

UACCB is not responsible for personal injury, property damage and other losses which may result from the use of the UACCB Fitness Center. Fitness center privileges can be removed at any time if a person fails to follow the outlined rules and policies.

UACCB Wellness Center
Physical Activity Readiness Questionnaire (PAR-Q)

Name:		Date:
Age:	Student:	UACCB Employee:

Regular exercise is associated with many health benefits, yet any change in your activity level may increase your risk of injury. By completing the following questionnaire, you are beginning the first step in planning an increase in your physical activity level. Please read each question carefully and answer honestly.

Please select the correct response to each question below:

	YES	NO
1. Has your physician ever said you have a heart condition?		
If yes, is your physical activity limited to what is recommended by a physician?		
2. Have you ever experienced pains in your chest especially during physical activity?		
3. Do you ever feel faint or have spells of severe dizziness?		
4. Has a physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise?		
5. Is a physician currently prescribing medications for your blood pressure or heart condition?		
6. Is there any physical reason not mentioned here why you should not participate in a physical activity program?		
7. Are you over the age of 65?		
If yes, are you accustomed to vigorous exercise?		

If you have answered yes to any of the above questions, are over the age of 40 and have been inactive, or if you have concerns regarding your health status, talk with your physician or health care provider before you begin a fitness program. If your health status changes after you begin physical activity seek medical advice from your physician or health care provider before continuing your fitness program.

In consideration of my participation in fitness-related activities, including intramural sports activities, at UACCB, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my own behalf, and behalf of my heirs, executors, and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. The released parties are UACCB, its Board of Visitors, officers, directors, employees, agents, representatives, and successors and assigns of each of the foregoing entities. I understand that this release and indemnity agreement includes any claims based on negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me before, during, and after such participation. I declare that I am physically fit and have the skill level required to participate in the particular fitness-related activity (or activities) in which I choose to engage. I further authorize medical treatment for myself, **AT MY COST**, if the need arises. The College **DOES NOT** provide insurance for participants in fitness-related activities, including intramural sports activities.

Signature	Date
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UACCB FITNESS CENTER

Release of All Claims for Personal Injury and Property Damage and Indemnity Agreement

HEALTH STATEMENT: In requesting permission to access or use the equipment of the UACCB Fitness Center facility, I affirm that my general health is good and that I am not adversely affected by the exercise I will undertake. I further affirm that I am able to perform exercise of a vigorous nature. I am not currently under the care of a physician who should be advised of my desire to participate in this physical activity. If I am under the care of a physician, I affirmatively state that I have received his/her permission to participate in vigorous exercise at the UACCB Fitness Center.

AGREEMENT TO FOLLOW FITNESS CENTER RULES: I have read and understand the *Fitness Center Rules* and am aware they are available on my UACCB. I agree to follow all rules and policies of the UACCB Fitness Center. Additionally, I agree to abide by any reasonable requests concerning use of the facility. I agree to operate and use the equipment only in the manner in which it was designed and intended to be used. I understand that my failure to abide by and to follow instructions or requests may result in the termination of my privileges of using the facility. I further understand that UACCB has the right to terminate or alter my privileges at the facility at its complete and unilateral discretion.

RELEASE AND WAIVER: I AM AWARE that my use of the UACCB Fitness Center carries the risk of personal injury, property damage, or other losses. **I HEREBY FULLY RELEASE AND DISCHARGE** the Board of Trustees of the University of Arkansas for and on behalf of the University of Arkansas Community College at Batesville, its officers, agents, and employees from any and all claims for personal injury, property damage, or other losses resulting from my use of the UACCB Fitness Center. **I HEREBY ASSUME ALL RISK** of personal injury, property damage, and other losses which may result from my use of the UACCB Fitness Center. **I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS** the Board of Trustees of the University of Arkansas for and on behalf of the University of Arkansas Community College at Batesville, its officers, employees, volunteers, and agents from all claims, suits actions, injuries, damages, and losses sustained by me or arising out of, connected with, or in any way associated with my use of the UACCB Fitness Center.

I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for personal injury, property damage, or other losses that occur while I am using the UACCB Fitness Center facility and I understand the agreement obligates me to indemnify the University of Arkansas Community College at Batesville for any personal injury, property damage, or other losses caused by my negligent or intentional act or omission.

Employee Name (please print)

Employee Signature

Date