

# LCPEC Wellness Center Rules

**This is an unsupervised facility. The School District of Lee County disclaims liability for any use of the Lee County Public Education Center's fitness room, equipment, or programs which may result in serious physical injury or other bodily harm.**

1. All employees/spouses not working within the LCPEC are required to use the North entrance. Key fobs will be provided at no cost to all employees/spouses approved for access to the facility. Replacement key fobs can be purchased from Employee Wellness for \$5. Cash or check accepted.
2. Appropriate fitness attire must be worn at all times. All members are required to wear shirts and athletic, closed-toed shoes.
3. Members must bring a hand towel to wipe down the equipment after use.
4. No food or beverages, except for water, are permitted in the facility.
5. Do not open exterior doors, except in an emergency.
6. Lockers are available for daily use only. Anything left overnight will be removed.
7. Please limit use of cardiovascular equipment to 30 minutes if others are waiting.
8. Absolutely no children allowed.
9. It is standard policy to re-rack all weights in the free weight area. We expect the same courtesy in this facility.
10. Contact Employee Wellness immediately if equipment is not working properly

**Breaking any of the rules above may result in immediate suspension from the facility and/or disciplinary action by the District.**

<p style="text-align: center;"><b>Location</b> 2855 Colonial Blvd. Fort Myers, FL. 33966</p> <p style="text-align: center;"><b>Hours of Operation</b> 7:00am-7:00pm</p> <p style="text-align: center;"><b>Days of Operation</b> Monday through Friday (based on 12 month employee calendar)</p> <p style="text-align: center;"><b>Cost</b> No cost to employees and spouses</p>
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INITIAL: \_\_\_\_\_

## **ATTENTION: Read this form before starting an exercise program.**

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 planning to become much more physically active than you are now, start by ticking the seven questions in the box below. If you are between the ages of 18 and 69, this form will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please tick carefully.

- |  |
|--|
| _____ 1. 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? |
| _____ 2. Do you feel pain in your chest when you do physical activity?   |
| _____ 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| _____ 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?    |
| _____ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                       |
| _____ 7. Do you know of <u>any other reason</u> why you should not do physical activity?   |

### **IF ANY OF THE ABOVE QUESTIONS APPLY TO YOU**

Talk with your doctor BEFORE becoming more physically active. Discuss the types of activities you wish to participate in and the results of this form.

### **IF NONE OF THE ABOVE QUESTIONS APPLY TO YOU**

You can be reasonably sure that you can begin becoming much more physically active.  
Begin slowly and build up gradually.

### **DELAY BECOMING MUCH MORE ACTIVE IF:**

You are not feeling well due to a temporary illness such as a cold or fever—postpone until you feel better.  
You are or may be pregnant—talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that any of the above questions apply to you, tell your exercise class leader. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**INITIAL:** \_\_\_\_\_

## Informed Consent

I \_\_\_\_\_ wish to use the Lee County Public Education Center's fitness equipment and fitness facilities without direct supervision, and participate in programs of my choosing that are offered by the School District of Lee County's Employee Wellness Program.

### Awareness of Risk

- I acknowledge that the District does not supervise my use and participation and that there are risks associated with participation in any physical training, exercise, sports, or physical activity programs.
- I acknowledge that the risks associated with my participation may include the risk of physical injury, illness, loss of life, or property damage.
- I am aware of and I understand the risks associated with my use of the facilities, or participation in a program, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation at any time.
- I acknowledge that the School District of Lee County may limit my access to the facilities or programs offered in the event of any misuse of the facilities or misconduct on my part.
- I have received, read and understand the rules of the fitness area.
- I have completed a Physical Activity Readiness Questionnaire and I confirm that the answers I have given are correct. I understand the form and any questions I had were answered to my full satisfaction.
- I am not aware of any medical condition that would affect my ability to participate in unsupervised physical activity or any physical activity programs offered by the Employee Wellness Program that I choose to participate in.
- If I have any concerns about my medical condition, I will consult with my physician before beginning an exercise program or participating in physical activity programs offered by the Employee Wellness Program.
- If the physical activity readiness questionnaire recommended that I obtain medical clearance prior to increasing my physical activity levels, I agree to consult my physician and obtain written permission from my physician prior to commencement of any physical exercise within the Lee County Public Education Center, or participation in any physical activity programs offered by the School District of Lee County's Employee Wellness Program.
- I agree that the participation data, or other non-personally identifiable information I provide to the Employee Wellness Program may be used for research or statistical purposes.

### Release and Waiver

In consideration of approval by the Employee Wellness Program to use the fitness equipment, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the School District of Lee County, the State of Florida, and all of their subsidiaries, affiliates, agents, officers and employees, volunteers, and anyone acting for or on their behalf, from any and all claims of any kind for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my use of the fitness equipment or participation in any physical activity programs offered by the District's Employee Wellness Program, whether caused by my action or negligence or the action or negligence of releasees or third parties. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care. This document shall be construed pursuant to the laws of the State of Florida. I am at least 18 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Check one:  District Employee  Spouse

If you are the spouse of a District employee, print the employee's name \_\_\_\_\_

**Attention: It is required to submit this completed form to Employee Wellness at the  
Lee County Public Education Center to gain access to the Wellness Center.**

**Questions? Contact Employee Wellness at [wellness@leeschools.net](mailto:wellness@leeschools.net)**

**[www.leeschools.net/wellness](http://www.leeschools.net/wellness)**