

The Johns Hopkins at Keswick Campus

APPLICATION FOR EXERCISE ROOM ACCESS

| PRINTED NAME: | | |
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| TENANT NAME / TENAN | SUITE #: | |
| OFFICE/CUBICLE #: | | PHONE EXT# : |
| BUSINESS E-MAIL ADDR | ESS: | |
| LOCKER ROOM: MA | LE FEMALE | |
| abide by all posted rules gov having their own access care aforesaid rules will result in a GENERAL RELEASE AND risk and danger involved in limited to the risk to the mu system (e.g., dizziness, faint pressure response, and in rar should consult with my docto acknowledge that the Exercisown risk. I assume all risks use of the Exercise Room. behalf of myself, my heirs a Land Corporation, its subsidiassigns, agents and contractor action of any sort for injury, property which arises from one | HOLD HARMLESS Amy use of the Exercise sculoskeletal system (eing, abnormal heartbear instances, heart attacker before commencing are Room is unsupervised of injury or illness that In consideration of and my estate, I hereby taries, affiliates, parent res, from any and all claudamage, loss, or illness that relates in any way to relates in any way to relates in any way to relate the respective of the second states of the second states are lates in any way to relates in any way to relate the second states of th | Exercise Room, I, the undersigned, agree to ise Room. I understand that only employees he Exercise Room. A breach of any of the ss card to the Exercise Room. AGREEMENT: I, the undersigned, know the Room and in exercising, including but not g., sprain, strain) and the cardio-respiratory at, discomfort in breathing, abnormal blood k, stroke or even death). I understand that I may exercise activity at the Exercise Room. I d and that use of the Exercise Room is at my at may be sustained by me as a result of my the right to use the Exercise Room and on release, discharge, and hold harmless FSK s, directors, officers, employees, successors, ims, liability, damage, expense, or causes of s suffered or sustained by me or my personal my presence at or use of the Exercise Room. terms, including the general release and hold |
| Signature: | | Date |



Exercise Room

Rules and Regulations

Proper Exercise Room conduct is paramount for safety and fairness for all employees. Each employee is asked to comply with these rules so that the Exercise Room is a safe and pleasant working environment. We are committed to provide efficient exercise room operations. In turn, we ask that all employees recognize and comply with the following rules and regulations. In order to continually strive for efficient operation of the center, we shall have the right to amend, delete or add to these policies and procedures as necessary.

Please read and sign: The signed copy of the rules and regulations will become part of your agreement.

Hours of Operation: Monday – Friday 6:00 am – 8:00 pm

Medical Recommendation: Members hold the center harmless from any loss, theft, cost, claim, injury, damage, or liability incurred in the Exercise room / Locker rooms. Physical examinations are recommended to all individuals who are elderly, pregnant, unaccustomed to physical exertions, or who have physical limitations, a history of medical conditions that could interfere with their exercise program. Members who are over fifty years of age, or have any cardiac risk factors, should have a full cardiovascular evaluation administered by their doctor. Members shall not use the center in such a way as to endanger the health or safety of themselves or others. Members shall be responsible for any property damage or personal injury caused by them.

Equipment Malfunctions: Members should understand and acknowledge that equipment may, from time to time, be out of order. Should you notice any equipment that is not in working order or damaged notify the management office and discontinue use of equipment. When special factory parts must be ordered, some units may be unavailable for several weeks. Please understand that any equipment in need of maintenance may be removed from the floor to be repaired as quickly as possible.

Food and Beverage/Smoking: No food or beverage will be permitted in either the locker rooms or exercise room. Plastic water bottles are permitted; smoking or drinking alcohol is absolutely prohibited within the confines of the exercise room including the locker rooms.

Proper Attire: While using the Exercise room, individuals may wear: shorts, tank tops, warm-up suits, tights or leotards. Shirts are required and appropriate footwear must be worn at all times.

Lockers: Lockers are available for use during each exercise session. Individuals are responsible for providing a lock to secure personal belongings. We are not responsible for items lost, stolen, or

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damaged while stored in the lockers. Personal belongings and locks are not to be left after exercise sessions. Lockers are provided for exercise usage while you are exercising during hours of operation. *Please remove your lock upon completion of your work out and shower.*

Showers: You must bring your own toiletries and towels, and they must be removed at the end of your visit. All items will be removed if left in the locker room overnight. Showers are to be kept to a reasonable length of time (not to exceed 10 minutes).

Music Devices: All personal music devices used in the exercise room shall be permitted only with the use of earphones.

Compliance: Members are required to comply with the policies and procedures of the Exercise room. If an employee violates any of these policies and procedures or if their conduct is not in the best interest of the membership, Management may elect to suspend/terminate the membership after giving proper notice of such violations.

Grounds for Revoking or Suspending access: Management may revoke a membership at any time, or refuse to extend a membership, if it reasonably judges that a member is consistently failing to observe the rules and regulations or has otherwise behaved in a manner contrary to the best interest of the Exercise room or other employees.

| I have read the above Rules & Regulations pertaining to my participation in the Exercise |
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| Room. I will comply with the requirements with the understanding that if I do not, my acces |
| privileges may be forfeited. |

| Signature: | Date: |
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