



Get Ready! Get Set! Get Fit! At a Baltimore County Senior Center



Thank you for your interest in the Baltimore County Department of Aging (BCDA) Senior Center Fitness Center Program. BCDA fitness centers offer quality fitness equipment that has been specifically chosen to meet your fitness needs and abilities. The fitness facilities are drop-in centers monitored by volunteers trained in recognizing and reacting to health emergencies and general equipment usage. There is no on-site paid supervisory staff. Professional fitness services (including assessments, orientations, and personal training) are available and can be purchased individually for an additional fee.

GETTING STARTED

To use the fitness equipment, you must complete the following steps:

1. Be a member in good standing of the Baltimore County Senior Center where you want to use the fitness equipment.
2. Complete, sign and return the following forms to the senior center:
 - a. Fitness Center Application
 - b. Consent and Release Form
3. Read Fitness Center Rules form

Pay for fitness membership (cash or check payable to Baltimore County, MD) or by credit card (coming soon). Cost is \$50 for 6 months and \$80 for 1 year. If you can't afford the cost of a membership and are 150% below poverty level, you could qualify for a scholarship for a free membership. Pick up an application in the fitness center for more information.

You are now able to use the any of the 14 fitness centers operated by Baltimore County Department of Aging!

Please note: The fitness center relies on volunteer fitness monitors to be open. If a volunteer is not present, the room will remain closed for your safety. The fitness room may also be used during non-operating hours for personal training appointments and equipment orientations. If you'd like to learn more about volunteering as a monitor, please see center staff. If you volunteer twice a week you receive a free fitness center membership.

FITNESS CENTER ORIENTATIONS ARE AVAILABLE TO ALL MEMBERS AT NO COST

We want to make sure everyone is aware of how to operate the equipment safely. Attending an equipment orientation lets us explain in detail how to properly set up and use the equipment and to go over the rules and procedures of the fitness room. It also provides you with an opportunity to ask any questions prior to starting exercise. If you do not have experience attending a fitness or rehab center elsewhere, you are highly encouraged to attend an orientation. You can schedule it with center staff.

Orientation does not include a fitness assessment or an exercise prescription. Members can indicate on their application if they would like the wellness specialist to follow up and schedule a personalized fitness assessment with them.

WHAT IF I WANT SOMEONE TO GIVE ME ADVICE ON WHAT EQUIPMENT TO USE OR EXERCISES TO DO?

BCDA offers all members the option of retaining the services of a certified personal trainer. A personal trainer can complete a personalized fitness assessment based on your individual health needs, create an individualized exercise plan to help you meet your fitness goals, and provide ongoing monitoring, recommendations and motivation to improve your fitness regime.

A number of different personal training packages are offered depending on the amount of time you want to spend with the trainer. To work with a personal trainer, you schedule an appointment with center staff. You will have to pay for your appointment at that time and sign a Cancellation and Lateness Policy. You will also receive a Medical History Form which you need to fill out and bring back with you to your appointment. Once payment has been made, a personal trainer will contact you to schedule a mutually agreed upon day and time.

WHAT OTHER PROGRAMS ARE OFFERED IN THE FITNESS ROOM?

The BCDA personal trainers and wellness specialists will periodically conduct group workshops open to all fitness center members about equipment usage, developing exercise routines, and other related issues. Check your fitness center bulletin board for specific dates and times of the upcoming workshops and programs.

QUESTIONS?

Contact your senior center director.



BCDA Fitness Center Rules of Participation



- A signed Consent and Release form is required prior to participating.
- Athletic shoes with rubber soles that enclose the entire foot must be worn. No sandals, high heels, open toe/heel shoes or bare feet will be permitted. Diabetic sneakers are permitted. Shoes outside of these requirements must accompany a doctor's note for use. Loose fitting, breathable clothing is encouraged.
- Proper decorum and consideration of the rights and comforts of others must be observed at all times.
- Eating or drinking is prohibited except for capped water bottles.
- Equipment must be wiped off after using with fitness wipes that are provided onsite.
- Individuals with a Blood Pressure of greater than 160/90 are discouraged from exercising.
- Participants are encouraged to warm up before exercising and cool down after exercising.
- Participants should refrain from eating large meals one hour before exercising.
- Individuals should stop exercising immediately and contact staff if any of the following signs/symptoms occur: unusual shortness of breath, lightheadedness or dizziness, chest/back/jaw discomfort.
- Use of equipment and fitness center is at your own risk.
- BCDA is not responsible for lost or stolen personal items.
- Trained Fitness Monitors must be onsite to use the fitness center.
- Participants must scan their BC-PASS membership key tag each time they attend the fitness center.
- Participants must observe any posted equipment time limits.

Return the next 3 pages to the Senior Center staff.

**Baltimore County Department of Aging
SENIOR CENTER FITNESS CENTER APPLICATION**

Directions: Please complete this form carefully and completely. All information will be treated confidentially.

Last Name First Name

Street Address

City State Zip Code

Email Home Phone Cell Phone

Date of Birth: _____

Do you have experience using a gym? ___Yes ___No

Will you be scheduling a free equipment orientation at your center? ___Yes ___No

Would you like to be contacted to schedule a fitness assessment for a fee? ___Yes ___No

Emergency Contact #1 Relationship Phone

Emergency Contact #2 Relationship Phone

If paying for an annual membership, were you referred by anyone? ___ Yes ___ No

If yes, please share who referred you. _____

FOR OFFICE USE ONLY

Date Application Received:

Date Senior Center Membership Verified:

Orientation: Yes _____ No _____ Date of Orientation _____

Fee Paid:

Date Fitness Membership Starts:

Comments:



Baltimore County Department of Aging
Fitness Center Consent and Release Form



I wish to participate in a BCDA Senior Center Fitness Center program.

I understand:

That the purpose of this program is to provide me the opportunity to increase my physical activity. I hereby acknowledge that my participation in the program of physical exercise is entirely voluntary on my part and solely for my own benefit.

That I am aware that the fitness center is a drop-in facility and there are no on-site staff, only volunteers monitoring my membership validity and use of the equipment. I understand the fitness center is not designed for the physical, respiratory or cardiac rehabilitation of high-risk individuals.

That there are risks associated with my participation in the fitness / wellness programs that require physical activity and the use of exercise equipment. These may include: abnormal blood pressure, fainting, disorder of heart beat, muscle soreness, muscle cramps, lightheadedness, breathlessness, muscle injury, chest discomfort, and in rare instances, heart attack or stroke.

That to reduce the risk of injury, I should never force or strain muscles. I recognize not all exercises are suitable for everyone and may result in injury.

That if I become distressed or uncomfortable in any way during the assessment or during any of the exercise periods, I will inform center staff or the fitness monitor immediately. Information about my health status and previous experiences of unusual feelings during physical exercise will be shared with the staff but will be considered strictly confidential.

That the **Baltimore County Department of Aging** shall have no responsibility to instruct, monitor, supervise or otherwise to participate in my exercise activities or my use of the fitness equipment at BCDA Senior Center Fitness Centers.

That I consent to emergency medical treatment in the event I experience injury or illness while participating at a BCDA Fitness Center.

That my participation in the program and any assessment is voluntary. I am free to deny, consent or stop my participation at any time.

Release:

Always consult your physician or healthcare provider before beginning any exercise program. If you choose to use this facility and its equipment without prior consent of your physician, you are agreeing to accept full responsibility for your decisions and agreeing to hold harmless Baltimore County Government, the Baltimore County Department of Aging, its agents, employees, contractors and any affiliated companies from any liability with respect to injury or illness to you or your property arising out of or connected with your use of its facilities and equipment.

All specific medical questions should be presented to your own health care provider and you should seek medical advice before starting any type of workout program. Exercise is not without its risks and any exercise program may result in injury. As with any exercise program, if at any point during your workout you begin to feel faint, dizzy or have physical discomfort, you should stop immediately and consult a medical professional.

I, the undersigned, have read this consent and release form and understand all aspects of the foregoing, including the potential risks. I, for myself, my personal representatives, assigns, heirs and next of kin, **hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless** the Baltimore County Government, the Baltimore County Department of Aging, the respective Senior Center Councils, their officers, agents, servants and employees from liability arising from or connected to exercise activities at a BCDA Senior Center Fitness Center.

Participant's Name _____

Participant's Signature _____

Date_____

Witness Signature _____

Date_____