

Eden CSD Fitness Center

Located to the right of the Eden HS Athletic Entrance

3150 Schoolview Road, Eden, New York 14057

**Please Register at the District Office located at Eden
Elementary School**

8289 N Main Street, Eden, 14057

** Separate entrance near handicap ramp

** Please call ahead for registration, 992-3626

Fitness Center Hours of Operation

Monday - Friday 5:00pm - 9:30pm

Saturday 8:00am - 12:00pm

Membership fees are as follows:

Individual (Eden CSD Resident)	\$15 month	January - June 2019	\$60.00
Family (Eden CSD Resident)	\$45 month	January - June 2019	\$180.00
<i>3 interchangeable passes</i>			
62 years old and older (Eden CSD Resident)	Free		
Non Resident of Eden CSD	\$30 month for Individual	\$90 month for Family	
Eden CSD students 16 and older	free- show student id		

Under 16 must be accompanied by Fitness Center parent/guardian

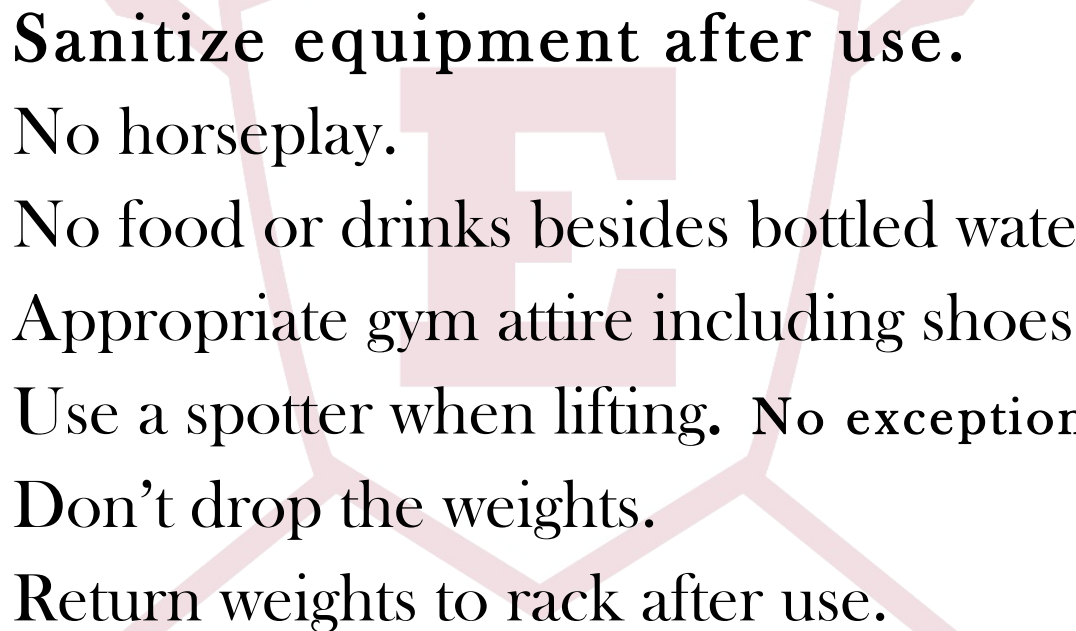
We have lots of Cardio Equipment

6 Life Fitness Activate Treadmills, 5 Life Fitness Active Ellipticals, 1 Life Fitness Activate Recumbent Bike, 2 Spin Bikes, 2 Water Rowers, Life Fitness Chest Press, Life Fitness Shoulder Press, Life Fitness Seated Row, Life Fitness Lat Pulldown, Life Fitness Leg Curl, Life Fitness Leg Extension, Life Fitness Leg Press, and Gronk Fitness Power Rack.

Plus we have Life Fitness weight equipment for your entire body!

Free Weights, Kettle Bells, Medicine Balls, Benches and much more!

Eden CSD Fitness Center Rules

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- Sanitize equipment after use.
 - No horseplay.
 - No food or drinks besides bottled water
 - Appropriate gym attire including shoes
 - Use a spotter when lifting. No exceptions
 - Don't drop the weights.
 - Return weights to rack after use.

Be considerate of others

*****If Eden CSD is closed for weather related emergencies the Fitness Center will be close. Please call ahead (992-3626), check our Twitter handle @EdenCSD, or our Facebook Page “Eden Central School”.**

Eden CSD Fitness Center

3150 Schoolview Road, Eden, New York 14057

716-992- 3626

Fitness Center Participant Information Form

**Must show picture ID*

PRINTED NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

PHONE: _____
Home # Cell #

Emergency Contact: _____
Name Cell #

EMAIL: _____

DATE OF BIRTH: _____/_____/_____

Student Grade: _____

Faculty / Staff: _____

Eden CSD Resident: _____

1 Month: _____

6 Month Special: _____

Non-Resident of Eden CSD: _____

Renewal: _____

Member #: _____

Method of Payment: Check# _____

Cash \$ _____

Total Fee Paid \$ _____

Signature: _____

Exp. Date:

Receipt Number _____

Staff

PLEASE COMPLETE THE BACK SIDE

EDEN CENTRAL SCHOOL DISTRICT

INFORMED CONSENT

AND

ASSUMPTION OF RISK AGREEMENT

As a condition of using the Eden Central School District's Fitness Center, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have completed the necessary paperwork for use of the Fitness Center equipment and participation in Fitness Center activities and returned such to the district. I further acknowledge that I have consulted with my physician and attest that there are no ailments preventing participation in physical activity. I further understand that I will be solely responsible for monitoring the intensity of my use of the Fitness Center equipment and participation in its exercise activities, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of other Fitness Center users.
2. I understand that the nature of the supervision of the Fitness Center provided by the District is general in nature, and the Fitness Center Desk Attendant is not responsible for supervising or monitoring the manner or intensity of my use of equipment or participation in exercise activities.
3. I hereby acknowledge that my use of the District's Fitness Center involves risk including possible injuries to bones, muscles, tendons, ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the District's Fitness Center.
4. I hereby release the Eden Central School District and its Board of Education, in both their corporate and individual capacities, its employee, agents and assigns, for all claims (of any

nature) relating to my use of the District's Fitness Center, including but not limited to claims for personal injury or death, and damage to or loss of personal equipment.

Participant Signature: _____ Date: _____

If user is under 18 years of age the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Contact Information: _____

Family Membership

(1)PRINTED NAME: _____
Last First Middle

DATE OF BIRTH: _____/_____/_____

(2)PRINTED NAME: _____
Last First Middle

DATE OF BIRTH: _____/_____/_____

(3)PRINTED NAME: _____
Last First Middle

DATE OF BIRTH: _____/_____/_____

(4)PRINTED NAME: _____
Last First Middle

DATE OF BIRTH: _____/_____/_____

(5)PRINTED NAME: _____

Last

First

Middle

DATE OF BIRTH: _____/_____/_____

(6)PRINTED NAME: _____

Last

First

Middle

DATE OF BIRTH: _____/_____/_____

