

ACP FITNESS CENTER RULES

The fitness center is for the exclusive use of employees of AIP, APS, AAPT and AAPM. It is open Monday through Friday from 7:00am to 7:00pm.

All users must sign a waiver form releasing the ACP from liability in the case of injury. Forms are available from the AIP Human Resources division. All AAPM employees are required to pay a \$35.00 monthly fee, which can be deducted from their bi-weekly paycheck.

It is strongly recommended that all users consult with their physician prior to starting any exercise program. You are required to wear sweat pants, tights or other leg covering, sneakers, and shirts. This is for reasons of comfort, safety and the courtesy of your co-workers who will be using the equipment.

Use common sense: don't over do it, always stretch before you exercise, and DO NOT use the facility alone.

Users must supply their own towels, toiletries, and soap. No wet towels may be left hanging in locker area, shower area or other spaces in ACP.

All personal possessions must be removed from lockers when the employee leaves the fitness center. Users must supply their own locks and the fitness center is not liable for valuables left unattended.

Food is not PERMITTED in the fitness center and beverages must in a closed plastic container. GLASS containers are prohibited.

Telephones are located in both the men's and ladies' locker rooms.

Ladies ext 6541

Men ext 6540

*****Please complete the Fitness Waiver Form located in the Forms Section of this handbook.***

AMERICAN CENTER FOR PHYSICS

FITNESS CENTER CONSENT RELEASE AND WAIVER

I, _____, understand and agree that my participation in exercise classes and /or use of the ACP's fitness center may result in an accident or injury to myself or others. By signing this Consent, Release and Waiver, I assume the risk of any such accident or injury. I also acknowledge that my use of such fitness center and/or fitness class participation is completely voluntary.

In consideration for being permitted to participate in any exercise classes and/or use the ACP fitness center, I hereby waive any right which I may have to assert any civil, criminal or other legal claim against the ACP, its member organizations or any other party due to any accident or injury resulting from my use of the fitness center or participation in the ACP's exercise/fitness classes. I agree to hold the ACP and any other party free and harmless therefore, including damages of any kind, costs and attorney's fees. I agree that compensation for any accident or injury shall be limited to that which I may be entitled to recover from my employer's (AIP, APS, AAPT or AAPM) Worker's Compensation Insurance.

The Center shall not be liable for the loss or theft of, or damage to, my personal property within the fitness center facilities.

I agree to be bound by Rules and Regulations for use of the fitness center as established by the ACP.

Signed

Witnessed by:

SIGNATURE

HUMAN RESOURCES-AIP

DATE

DATE