

Participant Guidelines

The Health and Rehab Center strives to promote healthy lifestyles and behaviors. As such, I, Agree to abide by the guidelines listed below in order to maintain my privileges to utilize the services and facility.

1. The JMC Wellness Services is available to any individual who has been cleared for exercise, and has completed the Wellness Profile and Orientation Session.
2. Alcohol and tobacco use is not permitted in **ANY** area of the Health and Rehab Center.
3. Food or beverages other than water is prohibited from ANY workout area! Food is allowed in emergencies only.
4. Proper exercise attire must be worn when using the equipment. (Sneakers, or any type of soft-soled shoes, sweat pants, shorts and T-shirts).
5. Modifications of equipment for any exercise other than its intended use or load capacity is prohibited.
6. Participants are required to carry a towel and wipe down equipment after each use.
7. All Participants will be required to pay their participant fees no later than the 10th of each month. If the participation fees become delinquent the participant will no longer be admitted into the Health and Rehab Center.
8. All participants will be issued a participant card that will include their participant number. At no time may the card be transferred to or used by another individual.
9. All participants are required to “check in” as they enter the facility. To “check in” the participant is to “swipe” their card through the card reader located at the front desk. The participant cards are to be worn while exercising in the Health and Rehab Center.
10. Lockers are available for the participants for daily use. Participants are required to bring their own lock and to remove lock when leaving facility.
11. Equipment usage:
 - There is a 20-minute time limit when other participants are waiting for the cardiovascular conditioning equipment.
 - If a participant is waiting for the use of the equipment it is appropriate for the participant to work in a set while waiting.
12. Pool Rules
 - No diving or jumping in the pool.
 - Please shower before and after entering the pool.
 - No food or drink in the pool area.

- No running on the pool deck.
- Please towel dry before entering the locker rooms.
- Do not enter the pool with open wounds or band-aids.
- During “smooth sailing” time there is no lifeguard supervision. Please let a staff member know if you will be in the pool alone.
- Rinse all equipment after use and return to closet.
- Please wear aqua shoes or some footwear other than the shoes worn to the facility to protect feet and avoid slipping on deck.
- Towels are provided for use in the locker room and by the pool.
- Pool may be used only during scheduled times. Pool may not be used during aquatic therapy.

13. Spa Rules:

- Do not enter if you are pregnant.
- Do not enter if under the influence of alcohol.
- Do not enter if blood pressure is elevated.
- Please shower before and after entering the spa.
- No food or drink allowed in the spa.
- The spa is not to be used by individuals with high blood pressure, cardiac circulatory problems and diabetes.
- Do not enter if taking tranquilizers, antihistamines, or anticoagulants.
- Please do not turn spa jets on during classes.

14. If at any time, the Staff feels that a participant is exercising inappropriately, and is non-compliant with the staff’s suggestions, the participant will be referred to the Wellness Services Director/Program Manager. **If at any time staff feels the participant’s health would be in jeopardy if they continued to exercise, the participant will be asked to stop.**

15. Any member refusing to follow the rules and regulations of the facility shall no longer be permitted to access the facility or its services.

16. **If at any time, a member becomes noncompliant in taking his/her medications, Wellness Services has the right to discontinue their use of the equipment and classes.**

My signature signifies my understanding and acceptance of the above rules and regulations as implied and/or stated.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____