

CLARENCE FIRE DISTRICT No. 1

PHYSICAL FITNESS ROOM POLICY

I. SCOPE:

It is recognized that in order to safely and effectively perform the tasks associated with the emergency services, firefighters must maintain their physical condition. The Clarence Fire District No.1 acknowledges the physical demands placed on our first responders and encourages all firefighters to utilize the facilities available to ensure they are prepared to meet the physical challenges of all emergencies.

II. OBJECTIVE:

The objective of this policy is to establish expectations and procedures for use of the physical fitness room to provide a clean, orderly environment for all users of the room.

III. GUIDELINES:

A. Authorized users of the Physical Fitness Room:

1. Active members of Clarence Fire Co. after completing all new member drills.
2. Life Members of Clarence Fire Co.
 - a) Must annually provide an Authorization form signed by a Primary Care Physician (see attachment #3 to this Policy) to be eligible to use the fitness room.
 - b) Life Members are responsible for any and all medical bills, travel expenses, or costs that arise from having their authorization form completed.

B. As with all physical fitness programs, all users should consult with their personal physician before starting a program. Active members and Explorers must have completed their annual physical in accordance with Art. III of the District Rules & Regulations. Any active member who has not completed his/her annual District requirements shall not use the fitness room until their deficient requirements have been completed.

C. Users must complete an initial orientation of the equipment prior to use. All equipment shall be utilized in accordance with manufacturers guidelines.

D. In the event that workout equipment is damaged or broken, the user shall notify the Commissioner who is responsible for the building as well as completing an "Equipment Log" sheet that is posted in the room.

E. Users shall utilize sound judgment and safe practices while exercising. Whenever possible, it is recommended that users train with a partner. To be covered by insurance, all users must individually use their fob to access the room and must sign the "sign-in" sheet provided.

F. Users must recognize that both males and females will be working out together at times. Proper and appropriate "gym attire" is required, which includes sweatshirts, sweatpants, shorts, t-shirts, sneakers. No bare feet or sandals are permitted. No clothing with studs, rivets or exposed zippers (such as jeans) are permitted as this may damage certain equipment.

- G. Personal hygiene products and towels are not to be left in the fitness room or bathroom.
- H. Other than water bottles, no food or beverages will be brought into the fitness room.
- I. Users will be courteous to other users. Radios and TV volume levels will be kept to reasonable/normal levels. There will be no horseplay or foul language.
- J. Any injuries must be reported immediately to the Board of Fire Commissioners.
- K. Users shall be responsible for maintaining cleanliness after use of the equipment and the room. Disinfectant wipes provided shall be used to wipe down a piece of equipment after it's use. All equipment will be returned to its normal state/location after use (i.e. free weights returned to racks).
- L. Active members who are utilizing the room at the time of an emergency alarm must respond to the call. An Explorer is required to leave the room when the Advisor/family member responds to the call.
- M. At no point should fitness center equipment; including but not limited to kettle balls, slam balls, dumbbells, curl bars, free weights, jump blacks, bars, stationary bikes, stair machine, treadmill, recumbent bike, elliptical machine, rowing machine, etc be removed from Fire District Property.
- N. The use of the physical fitness room is considered a privilege and may be revoked at any time by the Board of Fire Commissioners for violation of any portion of this policy.

This policy is adopted on March 8, 2021 and supersedes the previous version of this policy adopted on May 13, 2019.

By order of the Board of Fire Commissioners, Clarence Fire District No. 1

By signing below, I acknowledge that I have completed the orientation by the Clarence Fire District as mentioned in (c) above. I have read and understand the policy as written and agree to abide by these rules in using the facilities and its equipment. A signed copy of this will be kept in my District Personnel file.

Print Name: _____ **Date:** _____
Signature: _____

Clarence Fire District No. 1

PHYSICAL FITNESS ROOM SIGN-IN SHEET

NOTE: All users are required to access this room individually with their fob and to sign this form. Failure to adhere to this could result in room privileges being suspended.

DATE FIREFIGHTER # SIGNATURE TIME IN TIME OUT

Clarence Fire District No. 1
Life Member Fitness Center Use Policy and Authorization

This Policy is to permit the use by Life Members of the Clarence Fire Company, Inc. of the Clarence Fire District No. 1 ("Fire District") Fitness Center, subject to this Policy.

1. All Life Members of the Clarence Fire Company, Inc. may use the Fire District Fitness Center upon the submission of this document signed by the Life Member and upon medical clearance by the Life Member's primary care provider as required herein.
2. A current version of this document shall be submitted at least annually, signed by both the Life Member and their primary medical provider.
3. All expenses of any medical examination shall be the sole responsibility of the Life Member.
4. The use of the Fitness Center by a Life Member is a privilege extended to Life Members which may be rescinded for violation of this Policy or other Fire District policies applying to the Fitness Center or use of the Fire District fire station facilities or as the Board of Fire Commissioners determines.
5. This Policy may be amended, from time to time, in the discretion of the Board of Fire Commissioners.

Life Member Name: _____

Life Member Address: _____

As the Life Member stated above, I agree to obey all rules, regulations, policies and procedures for the use of the Fire District Fitness Center including completing orientation and training, and to provide a current medical clearance by my primary medical provider on at least an annual basis.

I, and my successors and heirs, also agree to defend, indemnify and hold harmless the Clarence Fire District No. 1 for any injuries, claims, damages or otherwise arising out my use of the Fire District Fitness Center regardless of whether such injuries, claims, damages, or otherwise are caused in part by the negligence of the Fire District and/or any of its agents, officers, employees or members.

Signature of Life Member

Date _____

Medical Authorization and Clearance

The undersigned hereby certifies that I am the primary medical provider to the above-named Life Member, who is hereby medically cleared to use the Fire District Fitness Center.

Name of Primary Medical Provider

Signature of Primary Medical Provider

Date _____