

# Town of Ludlow Council on Aging

**228 State Street  
Ludlow, Massachusetts 01056  
(413) 583-3564**

**Jodi Zepke  
Executive Director**

**Email: JZepke@ludlow.ma.us  
Fax: 413 583-5658**

## **RELEASE OF LIABILITY AND USAGE AGREEMENT**

In consideration of being granted access to and use of the Ludlow Council of Aging Fitness Center, free of charge, for the purpose of exercising and improving overall health and fitness, the undersigned hereby agrees to release, discharge and covenant to hold harmless the Town of Ludlow/ The Town of Ludlow Council on Aging, and any of their subdivisions, agents, servants, employees, or any of them ("Ludlow"), from any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs, and expenses (including reasonable attorneys' fees) that may arise out of or in connection with the undersigned's use of Ludlow's facilities, including any and all personal injuries unless such injury is caused by Ludlow's willful, wanton or reckless conduct. The undersigned further agrees that Ludlow will bear no liability or responsibility for or to the undersigned for any personal injury sustained by the undersigned while on or while using Ludlow's facilities, unless such injury was occasioned by wanton, willful or reckless conduct of Ludlow.

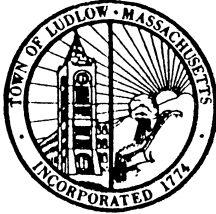
The undersigned further agrees that, as a participant in the exercise program at the Town of Ludlow Council on Aging Fitness Center, he/she shall maintain all facilities in good order during the undersigned's usage thereof and agrees to keep the premises free of trash, litter and refuse.

The undersigned further acknowledges that he/she has read this Release of Liability and Usage Agreement and acknowledges that he/she is entering into it of his/her own free will and with full knowledge and understanding of the substance, content, and effect of the Release of Liability and Usage Agreement.

Dated: \_\_\_\_\_  
Paid \$10 \_\_\_\_\_

By: \_\_\_\_\_  
Life time membership





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Dear \_\_\_\_\_,

Your patient \_\_\_\_\_, has requested enrollment in an exercise program offered at the Ludlow Senior Center. Before a person can begin classes or using the fitness equipment they must receive a physician's clearance.

Participants will be instructed on how to monitor their heart rate along with exercise protocols.

In the event of adverse reactions to exercise, your patient will be asked to visit with you, and submit a second screening before participation can resume.

Kindly complete the form below and the following page concerning the health status of your patient, and list any restrictions required for a safe exercise experience.

If you have any questions please feel free to contact me at (413) 385-1767.

Sincerely,

Maria Ardolino  
Activities Director

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Yes \_\_\_ I give consent for \_\_\_\_\_ to participate in the exercise programs at the Ludlow Senior Center.

No \_\_\_ I do not give consent for \_\_\_\_\_ to participate in the exercise programs at the Ludlow Senior Center.

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Signed

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Date

# Ludlow Council On Aging/ Senior Center PHYSICIAN'S CLEARANCE SHEET

Patient Name:	Age:
Address:	Phone:

C/C Chief Complaint:	Medications:
HPI History of present illness	Drug Allergies:

## PHYSICAL EXAM

	Normal	Abn please comment
General		
Heent		
Heart		
Lung		
Abd		
Ext		
Neurological		

Cholesterol:	Sugar:
Bp:	Pulse:

Assessment:
Recommendations:
Physician recommended training heart rate zone:

Physician Name:	Date:
Signature:	Address & Phone: