



Thank you for inquiring about our Shelly Aquatic Center at Brethren Village. We hope you will find the enclosed information helpful.

Non-Resident Enrollment Policy for use of Pool

Non-Resident packet includes:

- **Non-Resident Enrollment Policy**
- **Pool Fees/Directions**
- **Pool Guidelines**
- **Waiver/Release of Liability for Exercise Program**
- **Participant Questionnaire (ParQ.)**
- **Medical Clearance Form**

Brethren Village offers the opportunity for residents in the community, who do not live on the BV campus, to use our fitness centers and pool.

As a condition to participating in the fitness center and/or pool, non-residents must comply with the following policies:

1. All participants must sign a waiver and release of liability and complete the ParQ before use of the fitness centers or pool.
2. Based on responses on the ParQ, some participants will need the Medical Clearance Form completed by their physician prior to use of the fitness centers and/or pool.
3. Please complete and submit all forms to the Wellness Department.
 - Exercise Program Waiver & Release of Liability
 - ParQ (required)
 - Medical Clearance Form (if applicable)
4. For non-residents who are not familiar with the equipment in the fitness centers, an optional orientation is available. Please call one of the fitness centers to schedule an appointment with the Wellness Department staff.

If you have any further questions feel free to contact us at the following numbers: Shelly Aquatic Center 581-4295, Fitness Centers 581-4252 or 581-4421. We hope to see you soon!



NON-RESIDENT POOL FEES

Arthritis and Aqua Aerobics Classes

\$3.50/class

\$35.00 - 10 classes

\$65.00 - 20 classes

\$95.00 - 30 classes

See schedule for class times

Open Swim

Free - under age 1

\$2.00 - age 1-12

\$3.00 - age 13-adult

\$30.00 - 10 swims

\$55.00 - 20 swims

\$80.00 - 30 swims

See schedule for "Open Swim" times



DIRECTIONS TO POOL

Rt. 501-north- Travel to red light, Fieldcrest Drive – turn right

Follow Fieldcrest Drive past 2 stop signs to Fairview Drive

Turn right onto Fairview Drive

Turn left onto Circle Drive

Turn right onto Conestoga

Turn left into parking lot

Pool is located at the upper left corner of lot

Enter through Oakwood door, turn right in hallway

Pool is at end of hallway



POOL & SPA GUIDELINES

Pool

1. Remove street shoes and place in cubbies in the hallway.
2. Sign In prior to entering the locker room.
3. Wear nonslip footwear on the deck and in the locker room.
4. Shower prior to entering the pool.
5. Enter and exit pool by using the ramp or steps.
6. Do not “hang” on lap lanes.
7. Lanes are for lap swimmers. Lap etiquette applies.
8. Put equipment and toys away after use.
9. Fins should not be worn on the deck.
10. All children under the age of 15 must be supervised by an adult.
11. See additional posted pool rules.

Spa

1. Enter spa by using the steps.
2. Do not exceed a 10 minute time limit. A 10 minute break must be taken between spa usages.
3. Do not submerge head.
4. Children under the age of 12 must have a medical clearance form completed by their physician to use the spa.
5. See additional posted spa rules.

Please note that there is no active lifeguard on duty however a staff member is present in the pool area.

WAIVER AND RELEASE FROM LIABILITY

Classroom, Aquatic and Fitness Center

I understand that there are certain risks involved in using the swimming pool, participating in classroom exercise classes, and using



the fitness center/gym and that personal injuries and/or property damage may occur from my participation in such activities, which include but are not limited to drowning, falling, heart attack, stroke, pulled or strained muscles, broken bones, abrasions, head trauma, etc. **In consideration of being allowed to participate in aquatic activities, exercise classes, fitness center / equipment usage, etc., I agree to accept all these risks and agree not to sue Brethren Village or their employees if injured while using their facilities regardless of any negligence on their part.**

My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I assume full responsibility for the risk of personal injury, death, and property damage due to the **negligence** and/or **fault** of the parties released by this document, and/or due to the **condition of the premises** on which the activities will take place, whether such negligence, fault, and/or condition of the premises is present at the signing of this agreement or takes place in the future.

On my own (or child's if signed by a parent or legal guardian) behalf and on behalf of my heirs, personal representatives, and assigns, I hereby release Brethren Village and all of their officers, directors, members, managers, partners, employees, and volunteers (collectively, **"the parties released by this document"**) from all claims, demands, actions, rights of action, or other legal rights to claim compensation for any loss or injury which I may sustain as a result of their **negligence** or **fault** or the **condition of the premises**, whether known or unknown, anticipated or unanticipated, or any other cause whatsoever, whether loss or injury occurs while participating in, going to, or coming from such activity. However, this waiver and release does not apply to gross negligence or intentional torts by the parties released by this document.

Further, I agree to indemnify and hold all parties released by this document harmless from any such claims or demands.

I expressly agree that this waiver and release agreement is intended to be as broad and inclusive as permitted by the Laws of the State Pennsylvania and of any other state wherein such activities may occur, and that if any portion hereof is held invalid, the remainder hereof shall continue in full force and effect.

This Agreement contains and embodies the entire agreement and understandings between the parties concerning the subject matter hereof.

By signing this document, I acknowledge that if I (or the minor for which I am signing) am hurt or any property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Brethren Village on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

(Over Please)



Resident

Team Member

Non-Resident

Name of participating minor(s), if applicable: _____

Signature: _____ Date: _____

Print Name: _____

Address: _____ Zip: _____ Phone: _____

Email Address: _____

In Case of Emergency:

Name: _____ Phone: _____



PAR-Q - The Physical Activity Readiness Questionnaire

The physical activity readiness questionnaire (PAR-Q) is a self-screening tool that can be used by **individuals aged 15-69** who are planning to start an exercise program. It is often used by fitness trainers or coaches to determine the safety, or possible risk, of exercising for an individual, based upon their answers to specific health history questions.

The PAR-Q was created by the British Columbia Ministry of Health and the Multidisciplinary Board on Exercise. This form was adopted directly from the [ACSM Standards and Guidelines for Health and Fitness Facilities](#).

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of individuals for whom physical activity may be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them. Please notify the Brethren Village Wellness Team if your health condition changes after completion of this form. The ParQ will be updated annually.

Answer No or Yes to the following questions:

- No Yes 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- No Yes 2. Do you feel pain in your chest when you do physical activity?
- No Yes 3. In the past month, have you had chest pain when you were not doing physical activity?
- No Yes 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- No Yes 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- No Yes 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- No Yes 7. Do you know of any other reason why you should not do physical activity?

If you answered No:

If you are ages 15-69 and answered NO to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. **It may also be helpful to have a fitness room orientation with a Wellness staff member, if you are not familiar with the equipment in Brethren Village's fitness centers.**

If you answered Yes:

1. If you answered YES to one or more questions, **OR**
2. are older than age 40 **AND** have been inactive or are concerned about your health, consult a physician before substantially increasing your physical activity.

To use the Brethren Village fitness center or pool, you will need a signed medical clearance from your physician, along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

Please note: All individuals over the age of 69 **MUST have a signed medical clearance from their physician to use Brethren Village's fitness centers, pool, or participate in group exercise classes.**

When to delay the start of an exercise program:

If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are or may be pregnant, talk with your doctor before you start becoming more active.

Team Member/Non-Resident Signature _____ Date _____



Wellness Department Medical Clearance Form

RESIDENT TEAM MEMBER NON-RESIDENT

Dear Physician;

Your patient is interested in participating in exercise at our community in Lancaster, PA. Please complete and mail to: Brethren Village, c/o Wellness Department, PO Box 5093, Lancaster PA 17606-5093; OR FAX to 717-581-4479, OR email to rscorza@bv.org.

Participant's Name: _____ Date of Birth: _____

Land-based exercise

Includes exercises performed in a classroom and may be performed standing or seated. Designed to emphasize strength, flexibility, and balance using hand weights, bands, and other resources. Also includes fitness center equipment such as but not limited to treadmills, recumbent & upright bicycles, Nustep, UBE, rowers, and strength training machines for major muscle groups.

*****Please check the box that reflects your wishes for this individual.

No Restrictions. Individual may participate in our land-based programs.

With Restrictions Listed Below. Individual may participate in our land-based exercise.

May Not participate in our land-based programs. **Provide justification below under comments.**

Aquatic-based exercise

***** Please note the following contraindications for using the pool and hot tub.

Incontinence Status - Bowel: _____ Bladder: _____

Wounds or Active Infections: _____

***** Please check the boxes for the POOL and HOT TUB that reflect your wishes for this individual.

POOL

Yes, I give my permission for individual to participate in aquatic activities in our pool. Water temperature is approximately 88 degrees Fahrenheit.

No, individual may not participate in aquatic activities.

HOT TUB

Yes, I give permission for the individual to use our hot tub, which is approximately 99 to 101 degrees.

No, the individual may not use our hot tub.

Comments or Restrictions: _____

Physician's Signature: _____

Date: _____

Printed Name: _____