# HUMPHRIES FITNESS CENTER RULES AND REGULATIONS

#### **POLICY STATEMENT:**

The Humphries Fitness Center encourages all USC School of Medicine faculty, staff, and students as well as WJB Dorn VA Medical Center employees to take an active role in maintaining and improving their own health through regular exercise.

Any USC School of Medicine and WJB Dorn VA Medical Center faculty, staff, student or official guest of the School of Medicine or VA Medical Center may use the Humphries Fitness Center. All VA employees and volunteers must meet the following criteria: 1) 18 years of age or older. 2) Volunteers who work in excess of 25 hours per week. This is a self-directed facility. Anyone choosing to participate must assume full responsibility for using the Center in a safe manner and must sign a statement that releases the University of South Carolina, School of Medicine and the WJB Dorn VA Medical Center of any liability.

The Humphries Fitness Center is offered as a privilege to employees, students, volunteers and official guests. Failure to abide by all rules may result in the revocation of the privilege to participate. The USC School of Medicine and the WJB Dorn VA Medical Center will not be held liable for any injury or death as a result of participation in the Humphries Fitness Center.

### **Qualifications:**

Before any employee, student, or official guest can participate in the exercise facility they must sign the Waiver of Liability and Release that follows, releasing the USC School of Medicine and WJB Dorn VA Medical Center from any injury or death that may occur as a result of participation in the Humphries FitnessCenter. Once this form is complete, you may send it to <u>VADoorAccess@uscmed.sc.edu</u>.

### Access to the Humphries Fitness Center:

Once the employee, student, volunteer, or official guest has registered, they may access the facility at any time of the day or night by using the PIN code security system located at each entry door to the Fitness Center. Each member's usage in the Fitness Center will be tracked & recorded at the time of entry through the secured access doors.

Patients, children, and unauthorized visitors or guests will not be permitted to use the fitness facility.

Please do not open the fitness center doors for anyone.

Members using the facility will be responsible for the items they are using and report any damage or any missing equipment to the Wellness Coordinator, at <u>VADoorAccess@uscmed.sc.edu</u>.

## **Dress Code:**

#### Locker Rooms:

Members using the locker rooms are responsible for providing their own soap, shampoo, etc. Lockers will not be assigned but members may use any available locker while they workout. Locks must be provided by the member.

Lockers must be emptied at the end of each workout. Any member that leaves a lock on the locker after their workout will have its lock and articles removed. These articles will be held for 5 business days and then discarded.

Please bring your own towels to wipe off the equipment and to use for showering.

# **Emergency Procedures/Security:**

Security is located on the WJB Dorn VA Medical Center Campus. A phone is available in the Fitness Center that can be used to access security or to call 911 directly.

SOM VA Security:	(803) 201-9180
<b>USC Police:</b>	(803) 777-4215

#### Food and Drinks:

You may bring a drink into the facility (only if it is in a container with a tight fitting lid). NO gum or food is allowed in the facility.

### **Use of the Fitness Equipment:**

Cardiovascular Equipment:

During peak hours or while other members are waiting. Limit your time on the cardiovascular equipment to 30 minutes.

Please be sure to wipe down each piece of equipment after use.

Weight Training Equipment:

Do not bounce or drop the weights. This is damaging to the equipment.

Be sure to wipe down each piece of equipment after use.

When resting between sets do not sit or relax on the machine. There may be other members waiting to use the equipment.

Broadcast Vision and Stereo Equipment:

TV Monitors are set to certain channels and will not be changed.

A stereo is available while using the weight training equipment. Please be courteous in maintaining an appropriate volume level.

## Violations:

Violations of these Rules and Regulations as determined by the Wellness Committee may result in a revocation of the member's privileges.

Signature:

Date:

Wellness Coordinator's Signature:

Date:

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Patients, children, and unauthorized visitors or guests will not be permitted to use the fitness facility. Please do not open the fitness center doors for anyone. If you break these rules and regulations, the following disciplinary actions will be taken:

1<sup>st</sup> Offense: 2-Month Suspension 2<sup>nd</sup> Offense: 1-Month Additional Suspension Last Offense: Termination of Member's Privileges

# Violations:

Violations of these Rules and Regulations, as determined by the Wellness Committee, may result in a revocation of the member's privileges.

I have read and understand the Rules and Regulations of the Humphries Fitness Center.

Signature:

Date:

Wellness Coordinator's Signature:

Date:

# Humphries Fitness Center Waiver of Liability and Release

# <u>PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM</u> <u>ANSWERED BEFORE SIGNING THE DOCUMENT.</u>

I, in full recognition and appreciation of the danger and risks inherent in such activities, do hereby waive, release, and forever discharge the University of South Carolina, its officers, agents, and employees, from and against any and all claims, demands, injuries, actions, or causes of action, for costs, expenses, or damages to personal property, or personal injury, or death, which may result from my participation in the Humphries Fitness Center.

I acknowledge that my participation in the above described activities is voluntary. I understand and acknowledge that the Humphries Fitness Center may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries or damages. I further agree to indemnify and hold the University of South Carolina harmless from any loss, liability, damage, or costs including court costs and attorney's fees incurred as a result of my participation in these activities. I also understand that this Waiver of Liability and Release binds my heirs, executors, personal representatives, attorneys-of-law, attorneys-in-fact, administrators, and assigns, as well as myself.

#### I have read the Waiver of Liability and Release and fully understand it and agree to be legally bound by it.

Full Name (PLEASE PRINT):	Last 4 digits of SSN#:
Signature:	Date:
Department & Phone:	
Email Address:	
Wellness Coordinator's Signature:	Date:
DO NOT WRITI	E BELOW THIS LINE
Please check applicable status:	<u>L'DELOW THIS ENTE</u>
School of Medicine Faculty School of Medicine Student Official Guest until: (D	School of Medicine Staff VA Hospital Employee ATE)

Participant's Access Identification Code: \_\_\_\_\_\_ Updated 12/12/2024