



# **Town of Ludlow Council on Aging**

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

***Jodi Zepke  
Executive Director***

***Email: [jzepke@ludlow.ma.us](mailto: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 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 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Received By: \_\_\_\_\_

Paid \$10 \_\_\_\_\_ (Life time membership)



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Dear Medical Provider,

Your patient \_\_\_\_\_, has requested enrollment in the fitness room offered at the Ludlow Senior Center. Before a person can begin using the fitness equipment they must receive a physician's clearance. The equipment consists of treadmills, elliptical and recumbent bikes.

Participants will be instructed on how to monitor their heart rate along with exercise protocols and be advised to wear a safety clip.

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 giving your consent to allow your patient to utilize the fitness equipment at the Ludlow Senior Center.

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 utilize fitness equipment at the Ludlow Senior Center.

No \_\_\_\_ I do not give consent for \_\_\_\_\_ to utilize fitness equipment at the Ludlow Senior Center.

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Signed

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Date