

Fitness Center

707.1 PURPOSE AND SCOPE

Contemporary medical wisdom has shown that physical conditioning and staying physically active enhances our quality of life, mental health, life expectancy, and reduces the probability of future injury. In furtherance of these attributes, a Fitness Room has been designed that encourages employees to maintain a healthy level of fitness. The Fitness Room is designed to provide a facility that enables an individual to improve his/her physical conditioning, specifically geared to cardiovascular conditioning and muscle toning. It is not intended to be a "weight room" designed for heavy weight workouts. In addition to the altruistic attributes, the Fitness Room will help our officers meet the physical demands of the job and the expectations of the community. The purpose of this policy is to establish guidelines regarding the use and maintenance of the Fitness Room.

707.2 USE OF FITNESS CENTER

The following procedures apply to the use of the Northfield Police Department Fitness Room:

1. The Fitness Room is available for use by all Northfield Police Department employees.
2. Because of safety only official employees may use the Fitness Room. The Fitness Room should not be a social gathering point. It should be as free of distractions as possible.
3. The Fitness Room is available for use at any time the employee is off duty, or during break times with supervisor approval.
4. The forklift access gate must remain closed and latched at all times.
5. All personnel who use the Fitness Room are expected to exercise good housekeeping practices. After finishing with a piece of equipment, an effort should be made to clean the equipment. (e.g., wipe the sweat from the equipment.) Cleaning supplies are kept on the shelf in the room.
6. Any problems with the equipment, or the Fitness Room in general, should be promptly reported to an on duty patrol supervisor, or administrator.
7. No additional equipment of any kind shall be brought into the Fitness Room without the express consent of the Chief of Police.
8. Dress Code: All personnel using the Fitness Room shall wear appropriate attire. Said attire shall include athletic type shoes, shorts/pants and a shirt or tank top.
9. Decorations: Nothing shall be posted or mounted on the Fitness Room walls without the express consent of the Chief of Police.
10. Television & Stereo: Courtesy and fairness should be your guide when utilizing the television or stereo as an exercise distraction. The Fitness Room should not be a gathering place to watch television.

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11. It is suggested that all those who utilize the Fitness Room become familiar with the operation of the exercise equipment before using it. For instructions and/or assistance, contact a member of the administrative staff.

707.3 WAIVER REQUIRED

Prior to use of the Fitness Center every employee should consult with their physician about their ability to engage in physical exercise and must sign a wellness and exercise waiver and release.

See attachment: [Wellness and Exercise waiver.pdf](#)

Attachments

Wellness and Exercise waiver.pdf

Northfield Police Department



WELLNESS AND EXERCISE WAIVER AND RELEASE

I, _____, expressly agree that my participation in any wellness and exercise activities offered by the Northfield Police Department/City of Northfield or my use of any of the Department's equipment and facilities for these activities is at my own risk. I understand that my participation in the Department's wellness and exercise activities ("activities") and use of the Department's equipment and facilities is for my own personal enjoyment and that I am not in any way required by the Department to participate in these activities. I agree that while I am participating in these activities or using the Department's facilities or equipment, I am not working for the Department and am not acting within the course and scope of my employment with the Department. I understand that there are risks and hazards inherent in my participation in these activities or in the use of the Department's equipment and facilities, including but not limited to injury, death, illness, and property loss.

In keeping with the above, I freely and voluntarily assume all risks and hazards, known and unknown, anticipated and unanticipated, direct and collateral, associated with my participation in these activities or in the use of the Department's equipment and facilities. Additionally, I hereby freely and voluntarily release and discharge the City of Northfield, and all of its respective officers, employees, agents, affiliates, successors and assigns, both individually and in any representative capacity, on behalf of myself and my legal representatives, heirs, administrators, executors, and assigns from any and all claims, liabilities and costs which I or anyone else on my behalf may have or claim to have regarding my participation in these activities or use of the Department's equipment and facilities, including without limitation any claims regarding my injury or death, resulting from any and all acts of negligence on the part of the City of Northfield, or any of its respective officers, employees or agents, acting either individually or in any representative capacity.

I also agree to indemnify, defend and hold harmless the City of Northfield, and all of its respective officers, employees, agents, affiliates, successors and assigns, both individually and in any representative capacity, from any and all claims, liabilities and costs asserted by me or on my behalf regarding or resulting from my participation in the Department's wellness and exercise activities or my use of the Department's equipment and facilities. I further agree to defend and indemnify the City of Northfield and all of its respective officers, employees, agents, affiliates, successors and assigns, both individually and in any representative capacity, from any and all claims, liabilities and costs asserted by any third party regarding or resulting from my participation in these activities or use of these facilities or equipment.

Finally, I agree that I am responsible for the costs of any loss or damage to the Department's equipment and facilities caused by me or by anyone on my behalf during my participation in these activities. This waiver and release will be governed by the laws of the State of Minnesota. My signature on this waiver indicates that I agree that, before participating in the Department's wellness and exercise activities, I should check with my doctor to determine whether these activities are suitable for my health and physical condition.

I have carefully read this waiver and release. I understand and voluntarily agree to be bound by the provisions of this waiver and release.

Signature of Employee

Date

Print Name