



New Member Packet

***NOTE: You will be able to reserve a workout time after you receive the email with your login information.**

For current hours of operation please visit our

[Fitness Center Webpage](#)

Hours are subject to change.

Phone: 913-993-6493

Email: fitnesscenter@smsd.org

Website: <https://www.smsd.org/human-resources/staff-wellness/fitness-center>

Welcome to the Shawnee Mission School District Fitness Center. The Fitness Center provides comprehensive health and fitness programs designed to meet your needs and goals for a healthier lifestyle. The center is staffed with qualified fitness professionals trained in exercise instruction and programming.

Available free-of-charge to **all** Shawnee Mission School District employees, their spouses and dependents 16 years of age and older. District retirees who still use the district's medical plan will have access to the facility during limited hours.

Membership Registration

1. Carefully review all membership registration paperwork included in this packet. **Complete and return the following forms via email to:**
fitnesscenter@smsd.org
 - a. Member Registration Form
 - b. User Agreement
 - c. Health History Questionnaire
2. Watch the [COVID-19 Fitness Center Procedures & Facility Layout Video](#)

Shawnee Mission School District Fitness Center

Policies and Procedures

COVID-19 New Procedures

1. There will be **no walk-in use of the Fitness Center at this time**. Members must reserve, via Zen Planner, a time slot to use the Fitness Center.
2. Members must bring with them their SMSD staff badge or spouse/dependent/retiree access card and enter at Door 13.
3. Members must wear a mask/facial covering when entering and exiting the facility, speaking with a staff member or others, and when moving around the facility.
4. Locker rooms and showers are available, but members are encouraged to arrive at the facility ready to work out, with limited belongings. A face covering or mask will need to be worn in these areas when appropriate, as well as in the restroom area.
5. Wiping down equipment: members are asked to use provided gym wipes to clean any equipment, or surface touched, after each use and should be left to air dry. Wipes are meant for one-time use and no personal towels are allowed.

Conduct and Etiquette

All members should enjoy the opportunity to exercise in a comfortable and safe environment. Courtesy and respect are expected of all members, at all times.

Proper Attire & Hygiene

Appropriate workout attire is required. Shirts and non-marking, closed toe, athletic shoes must be worn at all times and in all areas of the fitness center. In addition, members are expected to observe proper hygiene and avoid excessive use of perfumed sprays.

Retiree Usage

Retirees of the Shawnee Mission School District who are still on the district's medical plan may use the facility the following hours:

Monday–Friday 8:30 a.m. to 2 p.m.

Saturday 7 a.m. to noon

Age Guidelines

Members who are 16 and 17 years old are eligible to be fitness center members, but are required to be under the supervision of an adult member when using the Fitness Center. No one under the age of 16 years old is allowed in the fitness center at any time.

Cardio Time Limit

Due to limited equipment availability, please limit use of the cardio equipment to 20 minutes.

Rack Your Weights

As a courtesy, when using free weights (or other movable equipment) please return equipment to its proper storage area at the end of your workout. This includes re-racking dumbbells and removing weights from barbells.

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Policies and Procedures
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Report Equipment Malfunctions and Injuries

Members are expected to immediately report all equipment malfunctions, personal injuries and specific concerns to a fitness center staff member.

Food and Beverages

Beverages must be in a spill-proof container. No food items are allowed in the Fitness Center.

Inclement Weather

During inclement weather, the Fitness Center will follow the closure system of the Shawnee Mission School District Administrative Office. If the Administrative Office is closed for any reason, the Fitness Center will also be closed.

**Shawnee Mission School District Fitness Center
Member Registration Form**

Name: _____ Date: _____

Member Type (circle one): Employee Spouse of Employee
Dependent of Employee Retiree on District Medical Plan

Name of Sponsoring Employee (Spouses and Dependents Only): _____

Employee's ID/Badge #: _____

Email: _____ DOB: ____ / ____ / ____ Gender: _____

Home address: _____

City: _____ State: ____ Zip: _____

Home/Mobile Phone: (____) _____ Work Phone: (____) _____

Work Location (Employees Only) _____

Emergency Contact: _____ EC Phone: (____) _____

Agreement and Release of Liability

In consideration of membership and associated activities of the Shawnee Mission School District Fitness Center and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge, on behalf of myself, my heirs, executors, administrators, successors and assigns, the Shawnee Mission School District, its officers, agents, employees, representatives, and board members (collectively "District") from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility or from any condition of the premises.

By the use of the facilities of the Shawnee Mission School District Fitness Center and the execution of this agreement, I expressly agree that the District shall not be liable for any damages arising from personal injuries sustained by me in, on or about the premises of the facilities or as a result of using the facilities and the equipment therein. I assume full responsibility for any such injuries or damages that may occur to me in, on or about the facilities and further agree that the District shall not be liable for any loss or theft of personal property.

I also specifically agree that the District shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by the District, whether such negligence is present at the signing of this Agreement or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by the District.

(Please initial: _____)

**Shawnee Mission School District Fitness Center
Member Registration Form
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Name: _____ Date: _____

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial: _____)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Shawnee Mission School District Fitness Center or use of equipment or machinery except as in hereafter stated.

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have an annual, or more frequent, physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial: _____)

Member Signature

Date

Shawnee Mission School District Fitness Center User Agreement

The use of the Shawnee Mission School District Fitness Center is a benefit available to all Shawnee Mission School District employees and certain guests. Use of the Fitness Center is purely voluntary and is not a condition of employment nor is it within the scope of employment. The goal is to provide a whole-body approach to wellness, including use of an area with cardiovascular and strength training machines, free weights and group exercise classes.

A signature on this document indicates a member's willingness to comply with all Fitness Center policies and member expectations.

Member Signature: _____ Date: _____

In addition to the required provisions above, a signature below provides consent to the Shawnee Mission School District to use my name, picture, likeness, writings, opinions, beliefs, biographical information, audio tape and/or video tape recordings, sound, or silent motion pictures in any medium and any other information or data provided to the Shawnee Mission School District for research, editorial, educational, promotional and advertising purposes.

Member Signature: _____ Date: _____

Shawnee Mission School District Fitness Center Health History Questionnaire

Regular physical activity is safe for most people. However, individuals should check with their doctor prior to starting an exercise program. As a general precaution, please complete the Health History Questionnaire below. All information will be kept confidential.

- | | | |
|---|---|---|
| 1. Have you had a heart attack, stroke, or heart surgery?
Please specify _____ | Y | N |
| <hr/> | | |
| 2. Do you experience chest discomfort when you engage in physical activity? | Y | N |
| 3. Do you experience unreasonable breathlessness? | Y | N |
| 4. Do you experience dizziness, fainting, or blackouts? | Y | N |
| 5. Do you take heart medications? | Y | N |
| 6. Do you have diabetes? | Y | N |
| 7. Do you have asthma or other lung disease? | Y | N |
| 8. Do you have burning or cramping sensation in your lower legs when walking? | Y | N |
| 9. Do you have musculoskeletal problems that limit your physical activity? | Y | N |
| 10. Do you take prescription medications? | Y | N |
| 11. Are you pregnant? | Y | N |
| 12. Do you smoke, or have stopped smoking w/in the last 6 months? | Y | N |
| 13. Do you have high blood pressure, being treated for high blood pressure? | Y | N |
| 14. Do you have high cholesterol? | Y | N |
| 15. Do you have family history of heart attack or heart surgery before age 55? | Y | N |

Please list any other pertinent health/medical information staff should be aware of.

Name: _____ Date: _____

Signature: _____