



Endwell Fire District

Life and Auxiliary Member Fitness Center Use Policy and Authorization

This Policy is to permit the use by Life Members and Auxiliary Members of the O.L. Davis Fire Company, Inc. of the Endwell Fire District ("Fire District") Fitness Center, subject to this Policy.

1. All Life and Auxiliary Members of the O.L. Davis Fire Company, Inc. may use the Fire District Fitness Center upon the submission of this document signed by the Life and Auxiliary Member and upon medical clearance by the Life and Auxiliary Member's primary care provider as required herein.
2. A current version of this document shall be submitted at least annually, signed by both the Life and Auxiliary Member and their primary medical provider.
3. All expenses of any medical examination shall be the sole responsibility of the Life and Auxiliary Member.
4. The use of the Fitness Center by a Life and Auxiliary Member is a privilege extended to Life and Auxiliary Members, which may be rescinded for violation of this Policy or other Fire District policies applying to the Fitness Center or use of the Fire District fire station facilities or as the Board of Fire Commissioners determines.

This Policy may be amended, from time to time, at the discretion of the Board of Fire Commissioners.

Life/Auxiliary Member Name: _____

Life/Auxiliary Member Address: _____

As the Life and Auxiliary Member stated above, I agree to obey all rules, regulations, policies, and procedures for the use of the Fire District Fitness Center, including providing a current medical clearance by my primary medical provider on at least an annual basis.

I, and my successors and heirs, also agree to defend, indemnify and hold harmless the Endwell Fire District for any injuries, claims, damages, or otherwise arising out of my use of the Fire District Fitness Center, regardless of whether such injuries, claims, damages or otherwise are caused in part by the negligence of the Fire District and/or any of its agents, officers, employees or members.

Date _____

Signature of Life/Auxiliary Member

Medical Authorization and Clearance

The undersigned hereby certify that I am the primary medical provider to the above-named Life / Auxiliary Member, who is hereby medically cleared to use the Fire District Fitness Center.

Name of Primary Medical Provider

Signature of Primary Medical Provider

Date: _____