

Attention Scout Leaders and Chaperones:

Please Assist with these Guidelines & Policies

An Adult **MUST** be in all areas where Scouts are present at all times.

- Chaperones will be required to be a group leader and help supervise the participants of the Lock-In. Chaperones are responsible for the all of the children in their group particularly after lights out when the Healthplex staff are no longer present. 1:8 ratio for Chaperones is required.

Announcements: 8:15pm – 8:30pm

- We will have pizza and drinks between 10:30pm and 11:00pm in the Lower Discovery area.
- Use equipment and facilities for what they were designed for **ONLY**. No hitting or throwing balls at others or into places they do not belong (i.e. over walls, etc...)
- Place personal gear against walls and out of the way in the Upper Discover Club

Club Rules:

- For bathrooms and the changing of clothes, use the Discovery Club bathroom, lower level Family locker room, tennis facilities, or the boys & girls locker rooms **ONLY**.
- No one is allowed on the fitness floor, machines or fitness equipment.
- Please do not tap the paddles/racquets on the ping-pong tables.
- Absolutely no food or drink unless in the Lower Discovery Club with the exception of water bottles. Please clean up any food mess. Leave all areas clean.

Pool Rules:

- **PLEASE DO NOT USE THE TOWELS** (you **MUST** bring your own towel).
- Pool closes at 9:30pm. Everyone must be out of the pool by then.
- Do not use Adult locker rooms - Please use Boys/Girls and/or Family locker rooms.
- No **DIVING**, spinning, or summersaults - forward jumping only and **NO RUNNING**.
- Do not leave the pool area unless you are dried and dressed.
- You **MUST** change in the **CLOSED CHANGING** Rooms in the Locker Rooms (not in the open area leading to the pool)

First Aid:

- Rush-Copley Healthplex staff must be notified for all incidents or injury and RCHP staff must fill out Incident/Injury Report.
- The First Aid Kits are located at the registration Desk and Pool
- AED is next to the Elevator on the lower level
- Everyone will be dismissed no later than 7am.

Print Name _____ Signature _____ Date _____

Group Rentals/Lock-Ins Rules and Procedures 2018

Staffing/Chaperones

- Rush Copley Healthplex Staff will be responsible for leading each rotation.
- Chaperones will be required to be a group leader and help supervise the participants of the Lock-In. Chaperones are responsible for the all of the children in their group particularly after lights out when supporting Healthplex staff are no longer present.
- Chaperones and parents must assist Healthplex staff with each activity.
- Chaperones must obey all Rules and Procedures listed and designated by Healthplex staff.
- A ratio of 1 volunteer/chaperone to 8 participants will be required.
- The Healthplex is a no smoking campus.
- Chaperones do not participate in the activities including Climbing Wall. Swimming is allowed.

Rules and Procedures

- Groups will use the Main Entrance near the registration desk.
- Please do not arrive more than 15 minutes prior to the start of the event.
- All Participants and Volunteers/Chaperones must turn in a waiver before entering the Healthplex.
- Final Payment must be made at the start of the event.
- Participants will be placed into groups by the Healthplex group facilitators and event chaperones.
- Each group must be lead by a leader or chaperone to each rotation.
- A volunteer or chaperone must govern bathroom breaks. (The bathroom facilities to be used are either the Discovery Club or family locker room facilities.)
- All food must remain in the designated area unless otherwise specified by Healthplex staff. One scheduled snack time is allowed. No late night snacking or breakfast.
- The Fitness Floor/Fitness Equipment, Men's/Women's Locker Rooms, and other areas specified by Healthplex staff are prohibited during all events including chaperones.
- No one is allowed to wander throughout the club.
- At bedtime everyone must stay in the designated sleeping area.
- No one may leave in the middle of the night unless prearranged through Healthplex staff.
- **All Participants must bring their own towels.**
- The Healthplex must be restored to its standard of cleanliness by the end of the event.
- Healthplex staff will enforce all facility rules including Pool and Rock Climbing rules.
- All other posted Rules Apply
- No one is allowed in the Healthplex unless accompanied by Healthplex staff.
- Rush Copley Healthplex is not responsible for items that are lost or stolen.
- Any concerns must be brought to the lead person.
- After the doors are locked it is the sole responsibility of the group leaders to arrange late arrival or early pick-up participants to be let in or out as needed.

See attachments- behavior contract and the what to bring list

Rush Copley Healthplex reserves the right to immediately terminate a contract for an event and request the dismissal of all guests, from the Healthplex, with no refund or credit issued.



Rush Copley Healthplex
Fitness Center

1900 Ogden Avenue, Aurora, Illinois 60504
630-978-6741

Waiver of Claims and Release of Liability

Guest's Printed Name

Minor's Printed Name (if applicable)

Address

City State Zip

Phone

Email Address

WAIVER OF CLAIMS AND RELEASE OF LIABILITY – By my signature, below, and in consideration of being permitted to use the Rush-Copley Healthplex Fitness Center’s facilities or otherwise participate in Healthplex sponsored activities, programs, or events, I, for myself, or on behalf of my child, and on behalf of my or my child’s executor, administrator, heirs and assigns, agree to defend, indemnify and hold harmless Rush-Copley Medical Center, Inc., Rush-Copley Healthplex, LLC and each of their directors, officers, employees, agents, independent contractors and representatives (“Released Parties”), from and against any claims or demands for injuries or any damage of any kind, whether known or unknown, resulting from any acts or omissions of the Released Parties. I further agree the Released Parties shall not be liable for any personal property that is damaged, lost or stolen , including, but not limited to, my automobile and/or its contents. Finally, I understand and agree that use of the Healthplex is at my own risk, that I agree to assume all risks for injuries, including death, and that I should first seek medical clearance before participating in any physical activity or exercise.

Signature of Guest

Date

Signature of Parent/Guardian of Minor

Date

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of the "Rush Copley Healthplex," their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting on their behalf (hereinafter collectively referred to as "Rush Copley Healthplex"). I hereby agree to release and discharge Rush Cooley Healthplex on behalf of myself, my children, my parents, my heirs, assigns, personnel representatives and estate as follow:

1. I acknowledge that climbing and artificial climbing wall entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to my property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include among other things: falling off the wall; loose and/or damage artificial climbing holds; rented equipment failure; falling to the ground, on other users, or being fallen on by other users; abrasions from the walls, ropes, pads, or the floor: equipment failure; belay and/or belayer failure; climbing out of control or beyond one's own personal abilities; the negligence of other climbers, visitors, participants, or other persons who may be present; musculoskeletal injuries and/or over training; head injuries; or my own negligence.

Furthermore, Rush Copley Healthplex employees have difficult jobs to perform. They seek safety, but they are not infallible. They may not be aware of the participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agreed and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agreed to indemnify and hold harmless the Rush Copley Healthplex from all claims, demands, or cause of action, which are in anyway connected with my participation in this activity or my use of the Rush Copley Healthplex gym equipment or facilities, including any such claims which allege negligent acts or omissions of the Rush Copley Healthplex.

4. Should the Rush Copley Healthplex, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of all risks that may be created, directly or indirectly, by any such actions.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of all risks that might be created, directly, or indirectly, by any such condition.

6. In the event I file a lawsuit against Rush Copley Healthplex, I agreed to do so solely in the state of Illinois, and I further agree that the substantive of law of that state shall apply in that action without regard to the conflict of laws rules of that state. I agree that if any portion of this agreement is found void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I have acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my rights to maintain a lawsuit against Rush Copley Healthplex on the basis of any claim from which I released herein

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of participant: _____ Print name: _____

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) being permitted by Rush-Copley Healthplex to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Rush Copley Healthplex from any and all claims which are brought by, or on behalf of minor, and which are in anyway connected with such use or participation by minor.

PARTICIPANTS HEALTH HISTORY

NAME _____ DATE _____

ADDRESS _____

INSURANCE COMPANY _____

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting climbing activities with an old, preexisting injury, a heart condition which might be aggravated by the event.

QUESTION	RESPONSE
1. Any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating?	YES NO
2. Taking any current medication? _____	YES NO
3. Any heart problems or heart medications? _____	YES NO
4. Do you have high blood pressure?	YES NO
5. Do you have allergies (food, bees, insect, medications, etc.)	YES NO
6. Do you have physical limitations? _____	YES NO
7. Current level of activity back home	LOW MED HIGH

If you answered YES to any questions above please discuss that item with staff.

Please include any additional information that you feel is relevant: _____

SIGNED _____

In case of emergency who do we contact: _____ Relationship: _____