

**Cohen Good Life Center Employee/Volunteer Fitness Facility  
- Facility Guidelines -**

**1. ENROLLMENT PROCESS:**

- a. Read and sign the “Facility Guidelines” form.
- b. Read and sign, along with your physician, the “Medical Clearance” form.
- c. Read and sign the “Informed Consent and Release of Liability” form.
- d. Return this entire packet, once completed, via an inter-departmental envelope to:  
*Cardiac Rehabilitation - Supervisor*  
*HOCC – Griswold House*

**2. POLICY:**

The Hospital of Central Connecticut provides an Employee/Volunteer Fitness Facility for use by all Qualified Personnel. Qualified Personnel include full, part-time and per diem employees of Hartford Healthcare, members in good standing of its medical staff, and volunteers at The Hospital of Central Connecticut. All Qualified Personnel must submit a completed enrollment packet: Facility Guidelines Form, Informed Consent and Release Form, Medical Clearance Form. No visitors or individuals other than Qualified Personnel may use the facility.

**3. PROVISIONS:**

- a. Upon completion of the required forms, Qualified Personnel will be given badge access to the Cohen Good Life Center located on C3 of The Hospital of Central Connecticut New Britain Campus. This badge may not be used by anyone other than the Qualified Personnel assigned the badge. Enrollment packets are available both on AlNet and by the entrance to the Cohen Good Life Center.
- b. The Cohen Good Life Center will be open 24 hours, 7 days a week, including holidays. Use of the Cohen Good Life Center is strictly voluntary and on the personal time of Qualified Personnel.
- c. All Qualified Personnel understand that there will be no staff on duty at the Cohen Good Life Center to provide advice or assistance.
- d. SAFETY FIRST! Start out slowly and increase workout time and intensity gradually. Make sure to include a proper warm-up and cool-down into your workout routine.
- e. Equipment usage will be on a first come, first serve basis. There is a 30 minute limit on all cardiovascular equipment when others are waiting. If you are using the strength training equipment for more than one set, you should allow others to use the equipment between sets. Exercise equipment with a red heart on them is reserved for use by cardiac rehabilitation patients between the hours of 8:30 am – 5:30 pm on Monday, Wednesday & Friday.
  1. When using equipment, a headset must be worn while watching TV or when listening to personal music as a courtesy to the other Qualified Personnel utilizing the facility.

- f. Food is not allowed in the Cohen Good Life Center.
- g. Qualified Personnel are expected to use the Cohen Good Life Center in a responsible manner and not engage in any horseplay or other conduct that may lead to injury to the Qualified Personnel or damage to any of the equipment. All equipment is the property of The Hospital of Central Connecticut and must not be removed. Qualified Personnel may not bring in their own equipment.
- h. Qualified Personnel should report all damaged or faulty equipment immediately to the Clinical Engineering Department at ext. 5412. No equipment should be used if it is damaged or not operating properly.
- i. All equipment must be used for its intended purpose and in the manner intended by the manufacturer.
- j. All Qualified Personnel are asked to be considerate of others and clean off the equipment after each use. Appropriate supplies are provided.
- k. For the convenience of Qualified Personnel, lockers and showers will be available next to the Cohen Good Life Center. No personal toiletries, including soap, shampoos, deodorant, hairdryers, etc. will be provided. Lockers can be utilized by Qualified Personnel during actual exercise time only. Qualified Participants must bring their own locks and remove them when they are finished using the facility. Any locks left on lockers are subject to being cut-off and removed. Any property left in the locker is subject to disposal.
- l. Qualified Personnel should be aware that an injury occurring at or resulting from use of the Cohen Good Life Center is not considered work related.
- m. In case of emergency, call Public Safety at ext. 5481 or a Dr. Quick at ext. 5111. Other questions about the Cohen Good Life Center should be directed to a Fitness Services staff member at ext. 6575.
- n. Any failure to comply with this Policy may disqualify Qualified Personnel from further use.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Witness Signature:

\_\_\_\_\_  
Participant Name (please print):

\_\_\_\_\_  
Witness Name (please print):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

**Cohen Good Life Center Employee/Volunteer Fitness Facility  
- Medical Clearance Form -**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee/Volunteer ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

---

---

**Description of the Cohen Good Life Center Employee/Volunteer Fitness Facility**

This individual seeks to use the Cohen Good Life Center Employee/Volunteer Fitness Facility. A typical exercise session may include some or all of the following:

- 5-10 minute warm-up of stretching and light exercise
- 10-30 minutes of aerobic activity (walking, running, elliptical training, bicycling, etc.)
- 10-20 minutes of resistance training (resistance machines, free weights, floor exercises)
- 5-10 minute cool-down of stretching and light exercise
- Other activity as communicated to you by the participant

---

---

**MEDICAL RECOMMENDATIONS**

I find my patient \_\_\_\_\_ to be in good health and physically capable of using an exercise facility without any limitations or conditions, except those that I have discussed with my patient.

---

---

**PHYSICIAN INFORMATION**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Telephone

I am the patient referenced in the above Medical Clearance Form for the Cohen Good Life Center Employee/Volunteer Fitness Facility. I agree that it is my responsibility not to exceed the guidelines, if any, for participation in the Cohen Good Life Center Employee/Volunteer Fitness Facility that were discussed with me by my personal physician.

Patient Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

**Cohen Good Life Center Employee/Volunteer Fitness Facility**  
**- Informed Consent and Release of Liability -**

**INFORMED CONSENT**

I acknowledge that I have read and understand the information provided to me about the Cohen Good Life Center Employee/Volunteer Fitness Facility.

**In the event of a change in my medical status, I agree to inform the Cohen Good Life Center Employee/Volunteer Fitness Facility. I understand that it is my responsibility to consult with my physician regarding my initial and ongoing utilization of the Cohen Good Life Center Employee/Volunteer Fitness Facility. I understand that there is NO STAFF ON DUTY at the Cohen Good Life Center Employee/Volunteer Fitness Facility to provide medical advice or assistance in any manner.**

I understand that there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during my use of the Cohen Good Life Center Employee/Volunteer Fitness Facility. **I agree to assume all risk associated with my utilization of the Cohen Good Life Center Employee/Volunteer Fitness Facility. I understand and acknowledge that it is my responsibility not to exceed the guidelines, if any, for participation in the Cohen Good Life Center Employee/Volunteer Fitness Facility discussed with me by my personal physician.**

I understand that no persons, except for employees, volunteers and physicians of The Hospital of Central Connecticut who have received medical clearance, have signed the Informed Consent and Release of Liability, and signed the Facility Guidelines are permitted to enter and/or use the Cohen Good Life Center.

**I understand that the use of the Cohen Good Life Center Employee/Volunteer Fitness Facility is STRICTLY VOLUNTARY.** I further understand that the Cohen Good Life Center Employee/Volunteer Fitness Facility may revoke my privileges to use the Cohen Good Life Center at any time, at its sole discretion. I agree to be bound by and obey all the rules of the Cohen Good Life Center Employee/Volunteer Fitness Facility in my use of the facility.

**RELEASE OF LIABILITY**

In consideration of being allowed to use The Hospital of Central Connecticut’s Cohen Good Life Center, I hereby release and discharge The Hospital of Central Connecticut, and its respective directors, officers, employees, agents, successors and assigns from any and all claims, demands, actions, or causes of action whatsoever, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death that may arise or be sustained by me, during or related to my use of the Cohen Good Life Center provided, however, that this Release of Liability shall not affect or limit in any way my rights and obligations, if any, under any health, welfare, pension, death benefit, savings or other plan or benefit The Hospital of Central Connecticut may from time to time make available to its employees and in which I participate in accordance with the terms and conditions of such plan or benefit. This release shall be binding upon my heirs, administrators, executors and assigns.

I represent that I have read and understand this Informed Consent and Release of Liability and acknowledge that this release is being relied on by the Cohen Good Life Center Employee/Volunteer Fitness Facility and The Hospital of Central Connecticut, in permitting me to use the Cohen Good Life Center. I understand that at any time I may review this Informed Consent and Release of Liability by requesting a copy from The Hospital of Central Connecticut.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date