

MASON COUNTY EASTERN SCHOOLS
FITNESS ROOM USE AGREEMENT

User Name: _____

Address: _____

Phone: _____

Authorized Family Members (Persons Under Age 18) (List Full Name and Relationship):

_____ I reside in or own property in the Mason County Eastern School District. (proof may be requested)

_____ I am employed by or enroll students at Mason County Eastern Schools.

CONDITIONS OF USE:

I, _____, acknowledge that I intend to use the fitness room operated by and on the premises of
(Name of Facility User)

the Mason County Eastern Schools. As a condition of my use of the fitness room, I acknowledge and agree to the following:

1. All users are subject to all rules, regulations, policies and directives of the Mason County Eastern Schools' Board of Education, school staff and volunteers and may have fitness room privileges, and those of any Authorized Family Members, revoked for violations.
2. Alcohol and illegal drug use and possession on school property, including the fitness room, is strictly prohibited.
3. All fitness room equipment must be used in the manner intended and no horseplay will be permitted in the fitness room or on school premises.
4. All users are responsible for any damages they cause to school property (normal wear and tear excepted).
5. No personal radios, televisions, boom boxes, etc., will be permitted in the fitness room.
6. No unauthorized users shall be permitted to accompany User in the fitness room.
7. All Users shall sign a release in favor of the District, its Board of Education, individual Board members, agents, employees and volunteers.
8. All Users shall sign a log indicating the time of their arrival and departure from the fitness room.
9. All Users acknowledge that they are physically able to engage in any activity, program or training schedule which they may undertake in connection with fitness room activity and acknowledge, on behalf of themselves and/or any Authorized Family Members, that all exercise activity and use of equipment is undertaken at the User's own risk.
10. No food or drink will be permitted in the fitness room. All Users assume full responsibility for removal of all personal property including empty plastic containers. **GLASS CONTAINERS ARE PROHIBITED.**
11. All Users are required to wear appropriate attire commensurate with the activity undertaken. Bare feet, sandals, high heels and dress shoes are prohibited.
12. All Users acknowledge that they have been advised to consult with a physician prior to undertaking use of the facility.
13. Spotters are required at all times for free weight training.
14. Equipment must be wiped down after use and all defective or damaged equipment must be reported. **ALL USERS MUST BRING A TOWEL TO WIPE DOWN EQUIPMENT AFTER EACH USE.**
15. Users not familiar with equipment are strongly advised to ask for assistance.

INDEMNITY AND WAIVER:

User, individually and on behalf of each Authorized Family Member(s), shall indemnify, defend and hold harmless, the Mason County Eastern Schools and its Board of Education, individual Board members and officers, agents, employees and volunteers from all claims, suits or actions of any nature arising from the use of the fitness room by User or User's Authorized Family Member(s).

User and Each Authorized Family Member agrees that they use the fitness room at their own risk.

User and Each Authorized Family Member understands there is a risk of injury, illness and/or death in participating in the use of the fitness room and equipment. User and each Authorized Family Member further acknowledges and agrees that this indemnity and waiver of liability includes, without limitation, all injuries and losses which may occur as a result of User's and/or User's Authorized Family Member(s) 1) use of all amenities and equipment in the facility; 2) participation in any activity, class, program, personal training or instruction; 3) the sudden and unforeseen malfunctioning of any equipment; or 4) any instruction, training, supervision or recommendations made by anyone at the facility including school district staff, employees, volunteers and/or agents.

User and User's Authorized Family Member(s) acknowledge(s) that User has/have carefully read and understand this "indemnity and waiver" clause and that it is a release of all liability against the Mason County Eastern Schools and its Board of Education, individual Board members, agents, employees and volunteers. If any portion of this "indemnity and waiver" clause shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this "indemnity and waiver" clause shall remain in full force and effect.

By signing below, User, individually, and on behalf of each Authorized Family Member, understand this assumption of risk and agrees to the conditions listed above.

Also, by signing below, User, individually, and on behalf of each Authorized Family Member grants permission for conduct of criminal background checks by school officials.

- The cardiac care plan has been reviewed by the requestor.
- The requestor is aware of the locations of the buildings AEDs: MPA foyer, gym lobby

AUTHORIZED DISTRICT REPRESENTATIVE

Dated: _____

AUTHORIZED USER

Dated: _____

AUTHORIZED FAMILY MEMBERS

Dated: _____

Dated: _____

Dated: _____

Dated: _____

Mason County Eastern Schools
CARDIAC EMERGENCY RESPONSE PROTOCOL

FOR ALL RESPONDERS (Staff, faculty, Medical Emergency Response Team, etc.)

Sudden cardiac arrest events can vary greatly. All faculty, staff and MERT members must be prepared to perform these duties. Early action is crucial to successful treatment of a cardiac arrest. If a person collapses, do not move the patient unless the scene is unsafe.

PERFORM THESE 5 STEPS:

1. Early recognition of cardiac arrest

- a. Person is not moving, is unresponsive, or unconscious
- b. Person is not breathing normally (irregular breaths, gasping or gurgling, not breathing at all)
- c. Seizure or convulsion-like activity may also occur
- d. Person may have just received a blunt blow to the chest

2. Early Call to 911 and Alert Within the School

- a. Call 911 as soon as a potentially life-threatening event is recognized
 - i. Provide school address, cross streets, patient condition and remain on the phone with 911
- b. Activate MERT response
 - i. Give exact location
- c. All MERT members proceed immediately to the scene of the emergency
 - i. closest team member retrieves the AED on the way to the scene
 - ii. Leave AED cabinet open with alarm signaling that AED has been taken for use

3. Early CPR

- a. If CPR/AED trained, begin CPR/AED as per training; have the AED brought to the scene
- b. If not CPR/AED trained begin Hands Only CPR until CPR trained response team or a responder arrives
 - i. Press hard and fast in the center of the chest
 - ii. The 911 operator may give you instructions for CPR and for AED use

4. Early Defibrillation

- a. When the AED arrives, attach pads to the patient and follow the prompts of the AED machine; AED will only shock patient WHEN NEEDED
- b. Continue CPR until patient is responsive or EMS responder arrives (pausing only when the AED indicates a shock is about to be given)

5. Early Advanced Life Support

- a. Transition care to EMS upon arrival to provide advanced life support
- b. A staff member must accompany a minor child to the hospital if parent is not on site to travel with the child; staff will travel in personal vehicle if feasible

OFFICE STAFF TASKS

- Confirm exact location and condition of patient
- Activate MERT using PA system giving exact location of emergency
- Confirm that MERT has responded
- Confirm that 911 has been called; call IMMEDIATELY if not
- Call Adolescent Health Center for assistance Mon, Wed, Thurs (extension 3645)
- Assign staff member to direct EMS to scene if MERT has not already done this
- Utilize auxiliary staff for crowd control and direct others away from the scene

- Notify staff of the nature of the emergency
 - Consider delaying recess, dismissal, other student movement to allow for MERT and EMS to deal with the emergency and to allow for communication with administration regarding the emergency
- Coordinate people to cover duties for MERT responders
- Copy the patient's emergency information for EMS from CA60 and/or emergency card
- Notify the patient's emergency contact
- Notify staff when to return to normal schedule/movement after communicating with MERT

Building Information

School Address: 18 S. Main Street, Custer

School Phone Number: 231.757.3733

AED Locations: Middle School/HighSchool - AED is located in the **lobby of the gym**

Elementary School - AED is located in the **lobby of the cafeteria/ multi-purpose room/little gym**

Location of Additional Medical Supplies(Elementary building)

EPI Pen - elementary office in yellow box on wall

Narcan - elementary office in yellow box on wall

Inhaler(generic) - elementary office in yellow box on wall

MERT bag - red backpack located under the counter in the elementary office

Emergency bag - inside the ball closet in the cafeteria/ multipurpose room/little gym

Location of Additional Medical Supplies(Middle/high school building)

EPI Pen - in the medicine cabinet which is on the wall behind the clock wall in the MS/HS office

Narcan - in the medicine cabinet which is on the wall behind the clock wall in the MS/HS office

Inhaler(generic) - in the medicine cabinet which is on the wall behind the clock wall in the MS/HS office

Emergency bag - on the floor near the medicine cabinet which is behind the clock wall in the MS/HS office

Emergency bags for Events

Practices - each MS/HS coach during each season will be assigned a bag that they will have at the practice venue, off campus game sites(baseball and softball) and also take on the bus to away sporting events. Bags will be stored in the secure room behind the benches during the off season.

Events - a bag will be located at the scorer's table during events in the gym. During track and cross country meets hosted by MCE, the bag should be in the track shed near the finish line. During home softball and baseball games, each coach should have their practice/away game bag with them at the field.

**It is the coach's responsibility to request supplies for the bag as needed. Please contact the AD's secretary with these requests.

IMPORTANT PHONE NUMBERS

EMS	911
Mason County Sheriff's Office	(231)843-3475
Superintendent Paul Shoup	(231)233-3720
Principal Mark Forner	(231)730-7945