



GOVERNMENT COLLEGE OF ENGINEERING, KALAHANDI BHAWANIPATNA

No. GCEK/GYM/001

Date.05-10-2023

NOTICE

It is hereby informed to all the students that gymnasium will be opened from Dt. 09-10-2023. Students can utilize the facility with utmost interest, responsibility and care. Now the gymnasium is equipped with various equipment's. All the students need to follow the regulations that are made for utilization of gymnasium.

Gymnasium has a registration form which needs to be downloaded and carefully fill up the form with select the slot to use the facility. No of students per slot is fixed. **Duly filled registration form has to be submitted to student coordinator of the gymnasium.** Along with the form a stamp size photo has to be submitted. The GYM membership fees may be implemented which will be notified soon.

Gymnasium identity card will be issued. Students should always carry this identity card into the gym. Read the regulations that are to be followed in the gymnasium. This registration is valid for a year. No registrations are encouraged in the mid of the semester. Any kind of indiscipline will not be tolerated, the proper action deemed fit will be taken which may cancellation of the registration for the entire year.

Chief Coordinator- Tapas Kumar Behura-7008719493

Branch Coordinators:

Civil- 1. Priyaranjan Pradhan 2. Priti Prajnaya Mohanty

CSE- 1. Omkar Bisoi 2. Monisha Sahu

Electrical- 1. Bisal Meher 2. Rajnandini

Mechanical- 1. Ayush Kumar Dash 2. Mukesh Kumar Dash 3. Nikita Nandini Nayak


05-10-2023

Jajati Keshari Naik
PIC-Gymnasium



GOVERNMENT COLLEGE OF ENGINEERING, KALAHANDI BHAWANIPATNA

Gym Etiquettes:

1. Gym will be opened from Monday to Saturday, in both the sessions. **The timings of sessions are as follows.**

Time	6-7AM	7-8AM	8-9AM	5-6PM	6-7PM	7-8PM	8-9PM
Allotted For	Girls	Girls	Boys	Boys	Boys	Boys	Boys

2. Proper fitness attire is required (tracks with shoes). No boots, street shoes, sandals or barefoot.
3. Do not lean on the equipment's and follow the pictures depicted on the machines.
4. Don't hug the equipment –one piece at a time, no savings.
5. Don't drop or kick the weights. **Be courteous enough to re- rack the weights.**
6. **Always bring towel to wipe down the sweat on the equipment's once done.** Do the next guy a favour and pay it forward by wiping sweat down after use.
7. Avoid body Spray or Perfume. It becomes suffocating in the gym.
8. Hydrate! Never forget to bring water bottle.
9. No swearing or excess grunting during dead lifts.
10. **Never drop weights on the floor. It is damaging, loud and disrupting.**
11. **Don't step on the benches, chairs and mats with the shoes on.** Remove the shoes and use them, as the next person can also use that.
12. Use equipment's safely, don't slam the medicine balls or other equipment's.
13. **Turn off switches of the machines after the use.**
14. Step back from the dumbbell rack! Don't stand in-front of the dumbbell rack and workout.
15. **Please follow the etiquettes of the gym for smooth and best maintenance of the gym.**
16. Those who don't follow the etiquettes are strictly liable for punishment which also contains cancellation of the membership.
17. During the exams, gym will be closed for the students and general holidays will also be holidays for the gym.
18. Always carry gym membership card. No entry into the fitness zone without the card.
19. Removing t-shirts near and around the gym premises are strictly not allowed.
20. Follow the slot timings strictly.



GOVERNMENT COLLEGE OF ENGINEERING, KALAHANDI BHAWANIPATNA

Title (Mr/Mrs/Ms) _____ Male/Female _____ Date of Birth: ___/___/___ Age: _____

Full Name: _____ Regd. No: _____

Year: _____ Department: _____ Mobile: _____

Email ID: _____ Emergency contact Number: _____

Hostel Address: _____

Email ID: _____

Slot booking: 6:00 AM -7:00 AM 7:00 AM-8:00 AM 8:00 AM-9:00 AM

5:00 PM-6:00 PM 6:00 PM-7:00 PM 7:00 PM-8:00 PM

Medical questionnaire:

1. Height _____ 2. Weight _____ 3. Blood Pressure: _____

4. Have you ever or do you have any of the following?

Heart Disease Cardiovascular Condition Dizziness Blackouts Fainting Asthma

High/Low Blood Pressure Arthritis Diabetes Epilepsy/Fits

Gout Family Hx of Heart Disease Infectious diseases

Other: _____

5. Do you have any problems/injuries in the follow areas? (please tick and explain to the best of your ability):

Knees Lower Back Neck/Shoulders Hips/Pelvis Flexibility Other

6. Are you currently doing any regular physical activity, what and how many times per week?

7. Have you had surgery in the last 5 years, if yes, when & what?

8. Are you on any medication, if yes what and when do you take

UNDERTAKING

Certify that the above facts are true to the best of my knowledge and belief.

Signature _____

Date _____



GOVERNMENT COLLEGE OF ENGINEERING, KALAHANDI BHAWANIPATNA

ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK

Warning: This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it. If you have any questions, please ask.

I acknowledge that the activities I am to undertake have potential dangers and participating in them, I am exposed to certain risks. I acknowledge and understand that whilst participating in any such activities:
Acknowledge of risks, duties and obligations:

- ✓ I may be injured physically.
- ✓ Any physical condition I may have, of which I may not be aware of, which I may or mayn't have disclosed to the centre or its staff, may be aggravated or worsened by my participation.
- ✓ Other persons participating in such activities may cause me injury.
- ✓ I may cause injury to other persons or damage to the property.
- ✓ The conditions in which activities are conducted my vary without warning
- ✓ I may be injured or suffer damage to my property as a result of negligence or breach of contract.
- ✓ I assume the risk of, and the responsibility for any injury, illness, death or property resulting from my participation in any activities.
- ✓ I release, indemnify and hold harmless the SAC, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of arising out of injury.
- ✓ Damage caused to me or my property whether by negligence, breach of contract or in any way whatsoever. I also agree that in the event that I am injured or my property is lost or damaged, I will bring no claim, legal or otherwise, against the gym operator or its servants and agents, in respect of that injury, loss or damage. Before signing this document, I have read and acknowledged and know how it affects my legal rights.
- ✓ It is the responsibility of the every member in the gym to strictly adhere to the etiquettes of the gym, unless otherwise the membership will be cancelled straight away.

Full Name: _____

Signature: _____ **Date:** _____

Office Use: Member entered into record

Gym Membership Number: _____

Date: _____ **Initials:** _____