



## APPENDIX E - Regulations for Use of Leisure Facilities (1)

1. **OPENING HOURS** - 5.00 a.m. until 11.00 p.m.
2. **ANIMALS** - Animals (excepting guide dogs) may not be brought into the Leisure Centre.
3. **INFLATABLE ITEMS** - No inflatable items (with the exception of learner swimmer flotation aids) or model boats etc. may be taken into the swimming pool or Jacuzzi. (2)
4. **GAMES** - No ball or other games permitted.
5. **SMOKING** - The Leisure Centre is strictly a "No Smoking" area.
6. **FOOD, DRINK & SMOKING** - For your own safety and the safety and comfort of other residents, smoking and the consumption of food or alcohol is absolutely prohibited in or around the Leisure Centre.
7. **MUSIC** - The playing of music is forbidden. Also shouting & singing.
8. **CHILDREN** - Children under the age of 16 years must be accompanied by an adult at all times.
9. **CHANGING ROOMS** - Please ensure the changing rooms (including showers) are left in a clean and tidy condition. (3)
10. **SWIMMING POOL** - Strictly no diving, running, jumping or bombing.
11. **JACUZZI** - For health reasons you should not use the Jacuzzi for more than ten minutes at one time. Please make sure that the Jacuzzi is switched off after use. (2)
12. **USE OF THE LEISURE CENTRE BY NON-RESIDENTS** - Residents may invite up to a maximum of three guests to use the pool at any one time. Guests must be accompanied at all times. The Resident is responsible for all their guests and it is their responsibility to make sure the guests are aware of these regulations. (4)
13. **HEALTH** - We advise you consult your doctor before using the facilities whilst taking prescription drugs. Users should be in good health and should not use the facility if they have any skin rash or infection.
14. **ABUSE** - Any abuse of these facilities may result in deactivation of access fobs.
15. **SWIMMING ALONE** - The Pool does not have a Lifeguard. It is, therefore, advisable not to swim alone. You are responsible for your own safety.

16. **LIABILITY** - The facility is used on the understanding that no liability is accepted by the Residents Company, Freehold Company, their agents, staff or contractors. We can also not be held responsible for any COVID-19 Coronavirus or similar illness contracted, or allegedly contracted by using this facility.

I have read accept and fully understand the regulations for using the leisure facility.

Signed .....

Flat address.....

Date.....

**SYMPTOMS OF COVID-19 (including)  
HIGH TEMPERATURE, A NEW PERSISTANT DRY COUGH,  
SHORTNESS OF BREATH, NEW LOSS OF TASTE OR SMELL, FATIGUE.  
IN ADDITION KINGS COLLEGE HAVE ADDED SKIN RASHES (HIVE-TYPE RASHES OR  
PRICKLY HEAT/CHICKEN POX TYPE RASH) AND "COVID FINGERS AND TOES"  
(REDDISH AND PURPLISH BUMPS IN FINGER AND TOES).**

**Please complete as appropriate below:**

**YES/NO** I confirm that I do not have, or have had any of the above symptoms in the last 14 days.

**YES/NO** I confirm that I have not travelled outside of the UK within the last 14 days. (Yes means not travelled),

- (1) Please read the special conditions detailed in the letter to residents re pool opening. These extra precautions will be in force until further notice. Which include the closing of the changing rooms.
- (2) The jacuzzi and the sauna will be out of use until further notice.
- (3) The changing rooms/toilets will be closed until further notice.
- (4) UNFORTUNATELY NO GUESTS ARE ALLOWED WITHIN THE FACILITY UNTIL FURTHER NOTICE



## SPA

### **The Leisure Centre is not supervised**

1. The temperature of the Spa is between 35 - 39 degrees centigrade.
2. Spa users must be 16 and over.
3. No running jumping or diving is permitted.
4. Showers must be taken before and after use.
5. Bathing suits must be worn.
6. Do not submerge below the water level.
7. The Spa operates with rest periods - you must leave during these periods.
8. Sessions no longer than 15 minutes are advised.
9. No frolicking, petting or shaving.
10. Maximum occupancy 4 people.
11. Pregnant women should not use the Spa.
12. You must consult a Doctor if you have any illnesses, conditions or are taking any medication that may affect your health prior to using the Spa.
13. Do not use any soap or shampoo in the Spa.
14. Enter and exit slowly.
15. Do not use under the influence of alcohol, drugs or immediately after a meal



## SAUNA

### **The Leisure Centre is not supervised**

1. The temperature of the Sauna is approx 40 degrees centigrade.
2. Sauna users must be 16 and over.
3. Showers must be taken before and after use.
4. Bathing suits must be worn.
5. Sessions no longer than 10 minutes are advised.
6. Maximum occupancy 4 people.
7. Pregnant women should not use the Sauna.
8. You must consult a Doctor if you have any illnesses, conditions or are taking any medication that may affect your health prior to using the Jacuzzi.
9. Do not use under the influence of alcohol, drugs or immediately after a meal.
10. The Sauna will reach temperature in 15 minutes after button pressed and will remain hot for a further 30 minutes. Sprinkle drops of fresh water (not from the Pool) to further increase heat.



## LEISURE FACILITIES INDUCTION

### 1. SAFETY:

- a) The facilities are not staffed and it is, therefore, strongly advised that you should not swim alone.
- b) The emergency button is located on the wall at the Sauna end.
- c) A Defibrillator is located by the main facility door and will talk any operator through the user process.

### 2 FIRE:

In case of fire/smoke you should exit the main pool area via one of the doors onto the Podium and raise the alarm with the fire brigade and Concierge.

### 3 SAUNA:

- a) This should not be used by anyone under the age of 16.
- b) Shower before and after use.
- c) Follow instructions by the Sauna entrance.

### 4. JACUZZI:

- a) This should not be used by anyone under the age of 16.
- b) Shower before and after use.
- c) Do not use any longer than 15 minutes.
- d) Follow instructions on the wall via the Jacuzzi.

The above is in addition to:

- i) Resident Physical Activity Agreement & Disclaimer.
- ii) Appendix E - Regulations for use of the Leisure Facilities.

User Signature: ..... Building Mangers signature: .....

Apartment number: .....

Date: ..... Date: .....



## USER PHYSICAL ACTIVITY AGREEMENT AND DISCLAIMER

Full name of user: \_\_\_\_\_

Apartment No: \_\_\_\_\_ Address: \_\_\_\_\_

1. Have you ever been diagnosed as having heart trouble? YES/NO
2. Do you have chest pain or respiratory problems brought on by physical activity? YES/NO
3. Have you developed any chest pain within the last two months? YES/NO
4. Do you ever have dizzy spells or feel faint? YES/NO
5. Are you a smoker? YES/NO
6. Do you have blood pressure problems? YES/NO
7. Are you taking any medication? YES/NO
8. Are you asthmatic, diabetic or epileptic? YES/NO
9. Do you have any bone/joint problems? YES/NO
10. Have you recently undergone any surgery or had an operation? YES/NO
11. Do you have any back problems? YES/NO
12. Ladies - Are you pregnant? YES/NO

**If you have answered YES to any of the questions above you should take special care when using the Health Suite and we strongly suggest you take your doctor's advice before embarking on any exercise.**

I understand that there are risks and dangers inherent in physical exercise and undertake the activity at my own risk. Any liability on the part of the operators is excluded.  
I agree to observe the rules and regulations of the Leisure Suite.

I, \_\_\_\_\_

From Apartment No: \_\_\_\_\_

I hereby acknowledge receipt of the above Leisure Facility Rules and Regulations that I have been given and agree to observe them at all times that I use the facilities within the Leisure Centre.  
I also agree to accept full responsibility for the use of all the equipment within the Leisure Centre.  
I also agree to accompany any guests that I bring into the facility, which is a maximum of three at any one time.  
I can confirm I attended the Induction programme and have had the opportunity to ask any questions.

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

Trainer: \_\_\_\_\_

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

#### GDPR Compliance

We shall scan this form, a copy of which will be held in the cloud and this form will be shredded.

Are you happy for us to contact you via email from time to time? YES/NO

If your answer is yes, please provide your email address below

\_\_\_\_\_

You can change your mind at any time, please speak with a member of staff.