



FIT GYM EQUIPMENT

As a designated Center of Excellence for the Working Well grant, MUSC Employee Wellness has received a stipend to aid our efforts in creating a culture of wellness across our campus. We have designated part of that money toward the purchase of fit gyms. Please provide answers to the following questions so that we can determine the components of your fit gym and best accommodate your needs.

1. What department(s) will be utilizing the fit gym: _____

2. Requested location _____ size of space available _____ any other considerations? _____

3. How many people would have access to and/or utilize the fit gym: _____

4. What are your goals for equipment usage (please number in order of importance:
___ Weight loss ___ Improved cardio fitness ___ Stress reduction
___ Stretching and flexibility ___ Other (please specify) _____

5. Once the equipment is delivered it will be up to the department contact to arrange for the assembly (if applicable), care, service and possible replacement if necessary of the fit gym components and any expenses associated with that maintenance will need to be paid by the receiving department(s).

Who will the department contact be: Name _____ email _____

Phone _____ Office or work location _____

6. A liability release will need to be signed by each employee who uses the equipment and these releases will need to be kept on file by the department contact. Are you willing to manage this process?

_____ Yes _____ No

A sample fit kit may contain the following components. Please check the items you would like to see included for consideration.

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|---|---|--|
| <input type="checkbox"/> Yoga/Exercise mats | <input type="checkbox"/> Blue exercise bands | <input type="checkbox"/> Instructional posters |
| <input type="checkbox"/> 8 & 10 lb. dumbbells | <input type="checkbox"/> Handouts for desk yoga, bands and free weights | |
| <input type="checkbox"/> Fit ball with pump | <input type="checkbox"/> Relaxation CD | <input type="checkbox"/> Weight bench |
| <input type="checkbox"/> Other _____ | | |