

WAIVER & RELEASE OF LIABILITY KINGSTON HEALTH SCIENCES CENTRE ON SITE FITNESS CENTRES

I, _____, hereby acknowledge that I have voluntarily applied to use the facilities or participate in the activities at the Kingston Health Sciences Centre staff fitness centres (at the Hotel Dieu and the Kingston General hospital sites) and outside of the course of employment/volunteer activities. I understand that I am using the Fitness Centre(s) outside of the course of my employment/volunteer activities and acknowledge the health hazards involved, and hereby agree to accept any and all risk of personal injury or injury to my health.

I hereby waive, release and forever discharge the Kingston Health Sciences Centre (KHSC) and the instructors, administrators, officials and servants of the KHSC on site fitness centres, from any and all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, however, caused, arising out of, or in connection with, my participation in the activities of, or my use of the facilities of KHSC's on site fitness centres.

I furthermore agree that my heirs, assigns, guardians and legal representatives shall not make a claim against, sue, attach the property of, or prosecute the KHSC on site Fitness Centres or KHSC for any injuries or damages resulting from my use of/participation in the activities of the facility. I hereby agree to release and discharge the KHSC on site Fitness Centres and KHSC and independent contractors from all actions, claims or demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the use of or participation in the activities of, the KHSC on site fitness centres.

Upon acceptance of my registration, I agree to respect and obey the Rules and Regulations of the facility in effect or which may be prescribed in the future. Failure to comply with the Conditions and/or Rules and Regulations may result in forfeiture of my membership without retribution to me of any or all monies paid to KHSC for use of the on site fitness centres.

Memberships will generally be activated within one (1) week of receipt of forms and payment confirmation to Occupational Health, Safety & Wellness. Memberships expire one (1) year from the date of security activation. You will receive an activation email from Protection Services.

Dated at Kingston, Ontario this _____ day of _____ 20____

Signature of Applicant

Signature of Witness

Employee ID # _____ Gender (for Access to Locker Room): _____

Department: _____ Extension: _____

Email Address: _____

Members are able to access both the KGH and HDH Fitness Centres with their membership.

Please indicate below which, if any, locker rooms you will require access to:

KGH- ☐ Male locker room # 3.0.119.1 (Victory 0), OR ☐ Female locker room #3.0.118.1 (Victory 0)

HDH- ☐ Male locker room (inside the gym) #J1 053-5, OR ☐ Female locker room # MA1-033-1.

PAR-Q & YOU

(A Questionnaire for people aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
☐	☐	1. Has your Doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a Doctor?
☐	☐	2. Do you feel pain in your chest when you do physical activity?
☐	☐	3. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
☐	☐	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
☐	☐	6. Is your Doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
☐	☐	7. Do you know of <u>any other reason</u> why you should not do physical activity?

IF YOU ANSWERED

No to all questions	YES to one or more questions
If you answered NO honestly to all questions, you can be reasonably sure that you can: • Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. • Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk to your doctor before you start becoming much more physically active.	Talk to your Doctor on the phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your Doctor about the PAR-Q and which questions you answered YES. • You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your Doctor about the kinds of activities you wish to participate in and follow his/her advice. • Find out which community programs are safe and helpful for you.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your Doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

_____	_____	____/____/____
NAME	SIGNATURE	DD/MM/YYYY