



**EMPLOYEE WAIVER & RELEASE OF LIABILITY
FOR THE HOTEL DIEU HOSPITAL SITE FITNESS CENTRE**

I, _____, hereby acknowledge that I have voluntarily applied to use the facilities or participate in the activities of the KHSC, HDH site Employee Fitness Centre outside of the course of employment/volunteer activities. I understand 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, HDH site Employee Fitness Centre, 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 the KHSC, HDH site Employee Fitness Centre.

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, HDH site Employee Fitness Centre 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, HDH site Employee Fitness Centre 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/participation in the activities of the KHSC, HDH site Employee Fitness Centre.

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 Employee Fitness Centre.

Occupational Health, Safety & Wellness (OHSW) staff will endeavor to activate memberships within one (1) week of receipt of forms and payment confirmation in the OHSW office. Memberships will expire one (1) year from the date of security activation. Protection Services will notify members of activation by email.

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

Signature of Applicant

Signature of Witness

Employee ID #: _____ Gender: ☐ M ☐ F ☐ N/A Site: ☐ HDH ☐ KGH

Department: _____ Extension _____

Email address: _____

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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

IF YOU ANSWERED

No to all 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.

YES to one or more questions

Talk to your doctor by 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

Date