

Honeywell

The Fitness Terminal Membership & Consent Agreement

Last Name: _____ First Name: _____ Middle Initial _____

Employment/Position: Honeywell: _____ Celestica: _____ Contractor: _____
EID: _____

Date of Birth ____ / ____ / ____ Male/Female

Business Phone # _____ Home Phone # _____

Business Email: _____ Access Card # _____

Emergency contact _____ Daytime Phone # (____) _____ Evening Phone # (____) _____

Thank you for choosing to use The Fitness Terminal (the “Centre”) and making use of our facilities, equipment, programs and/or services (“Activities”). We request your understanding and cooperation in maintaining your safety and health by reading and signing the following Membership and Informed Consent Agreement (the “Agreement”).

Informed Consent

I declare that I intend to use some or all of the equipment, facilities, programs, activities and services offered by the Centre. I understand that each person, (myself included), has a different capacity for participating in such Activities. I am aware that all Activities offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply at my own risk any portion of the information or instruction I may receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness and health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the Activities. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities at any time, and I realize that I should do so on recognition of any signs of physical discomfort, which may include: transient light headedness, fainting, shortness of breath, chest discomfort or pain, cramps, nausea, etc. I agree to notify the fitness supervisor if my health status changes and to seek the appropriate help if I experience any of the above symptoms while exercising.

I further understand that the possible risks involved in participating in Activities may include and are not limited to: sweating; fatigue; muscle, tendon, ligament, bone and joint soreness, strain or tear; bruising, lacerations and punctures; joint dislocations; bone fractures; aggravation of any existing or past injury; shortness of breath, dizziness, fainting, tightness in chest, heart attack, stroke, or death.

I understand that it is strictly my responsibility to seek advice from a licensed health care professional should I have any concerns about my answers to The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) that I completed, about my being active and/or about my participation in the Activities.

While participating in Activities, I agree to respect the Centre’s Rules and Regulations and I am aware that I am required to wear closed-toe athletic shoes in all exercise areas of the facility.

Honeywell

Waiver

For and in consideration of the permission given to me to use the Centre and to participate voluntarily in the Activities, I hereby waive, any and all claims, including future claims, against Honeywell ASCA Inc., its parent and affiliated companies, and HSG Health Systems Group Limited, and any of their respective directors, officers, employees, agents, representatives, successors and assigns (collectively, the "Releasees"), and agree to remise, release and forever hold harmless the Releasees from any and all liability, arising out of, pursuant to, or as a consequence of my use of the Centre, rooms, equipment, programs, or any other activities in any way related thereto, as a result of my participation in any the Activities, including, without limitation, any loss, damage, expense or injury (including death), due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care on the part of the Releasees, and also including any failure on the part of the Releasees or any other person to safeguard or protect me from the risks, dangers and hazards associated with the Activity.

If, despite this Agreement, any person makes a claim or takes any action or proceeding of any type against the Releasees in connection with the subject matter of this Agreement, I will fully indemnify and save harmless each of the Releasees in respect of any losses, damages, liabilities and costs (including legal fees) incurred in respect of such claim s, actions and/or proceedings. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and representatives, including in the event of death or incapacity.

Membership fee

I authorize the amount of \$_____ to be deducted/paid* from my earnings/cheque as a membership fee for The Fitness Terminal. There is a six month minimum membership term.

Honeywell: 4.60 Celestica and Contractors: 60

Privacy Statement

Personal information collected on this document, by this site and by our system (HSG, Health Systems Group Limited) is used for the express purpose of fulfilling your request and delivering the services you have contracted with us to deliver. The collection of personal information is governed by the Personal Information Protection Act. We will not sell, give away or grant access to your information to anyone outside of the organization or our affiliates.

I acknowledge and consent to taking all of the above noted risks by voluntarily participating in any and all Activities offered at The Fitness Terminal and I declare that I have read, understood and accept the contents of this Agreement in its entirety.

EMPLOYEE

WITNESS

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

For Office Use

Key Fob # _____ Blood Pressure ____/____ Heart Rate _____
Security Access ____/____/____ Date Submitted ____/____/____