



## /SFC Fitness Club REGISTRATION FORM

Last name, First name:		Gender:	M	F
Company:				
Work email:				
Work phone number:				
Home phone number:				
Security pass number:				
Building:		Floor:		
Birth date (mm/dd/yyyy):		Age:		

Emergency contact name:
Emergency contact phone number:

What is your current activity level?	Low	Moderate	High
Do you have a bone or joint problem?	YES	NO	
<i>If YES, please circle all that apply:</i> <p style="text-align: center;">back    knee    shoulder    neck    wrist    elbow    ankle</p> <p><i>Please specify any known details and limitations:</i></p>			
Are you a smoker?	YES	NO	
<b>Physician's Contact Information:</b>			
Date of last medical check-up:			
Any complications? (i.e. high blood pressure or cholesterol)	YES	NO	
Are you taking any medication? (If yes, please specify)	YES	NO	
Any family history of high blood pressure?	YES	NO	

<b>ASSESSMENT OPTIONS</b>		(circle preference)
(Please note that the health screening assessment is mandatory)		
<b>Health Screening Assessment - 15 minutes in duration</b>		<b>MINI</b>
<i>Measures resting heart rate &amp; blood pressure, height, weight, BMI and waist girth.</i>		
<b>Full Fitness Assessment - 60 minutes in duration (Additional fee for service)</b>		<b>FULL</b>
<i>Includes components of the Health Screening Assessment, plus skinfold measurements, cardiovascular endurance treadmill test, flexibility &amp; muscular endurance tests (push-ups/curl ups)</i>		
<b>What is your preferred day and time?</b>		
<i>Please note that your appointment will be confirmed by the Fitness Club Staff</i>		

<b>FOR FITNESS CENTRE STAFF USE ONLY</b>		
<b>APPROVED</b>		<b>DECLINED</b>
Date:	Time:	Staff Member's Name:
Comments/Notes:		



**/SFC Fitness Club  
PAR-Q & YOU**

Regular physical activity is fun and healthy, and people are becoming active every day. Being more active is very safe for most people. The PAR-Q, a standard self-screening tool, will tell you if you should check with your doctor before you start a new exercise program. As well, 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 him/her?
<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 <u>past month</u> , have you had chest pain when you were <u>not</u> 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 that could be made worse by a <u>change</u> in physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for a blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

**If you answered YES to one or more of the questions:**

Please pick up a "Medical Release Form" from the /SFC Fitness Club. Your doctor needs to approve any activity you plan to undertake. i.e. fitness assessment or personalized program

**If you answered NO to all questions:**

If you have answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can start being more physically active beginning with a health assessment.

**Delay becoming 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.
- If you are or may be pregnant – pick up a PARmed-X for Pregnancy form from the /SFC Fitness Club Consultant to be completed by you and your doctor

**Please note: If your health changes so that you then answer YES to any of the above questions, please inform the /SFC Fitness Club Consultant. They will then determine whether or not you should change your physical activity plan.**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_



**/SFC Fitness Club  
FITNESS ASSESSMENT CONSENT FORM**

**I, the undersigned, do hereby acknowledge:**

- my consent to perform a health related appraisal of walking or running on a treadmill at an appropriate speed for my age and gender, measurements of standing height, weight, girths, and skinfolds, and tests of push-ups, curl-ups, and trunk forward flexion; the results of which will assist in determining the type and amount of physical activity most appropriate for my level of fitness;
- my understanding that heart rate and blood pressure will be measured prior to and at the completion of the appraisal;
- my consent to answer questions concerning my physical activity participation and my lifestyle;
- my consent to the appraisal measures conducted by an appraiser who has been trained to administer the Tri Fit Fitness Testing Protocol. I understand that the interpretation of results is limited to placing my scores in the appropriate Health Benefit Zones and providing information on physical activity participation and other healthy lifestyle topics;
- my understanding that there are potential risks; i.e., episodes of transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea, and that I assume willfully those risks;
- my obligation to immediately inform the appraiser of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the appraisal;
- my understanding that I may stop or delay any further testing if I so desire and that the appraisal may be terminated by the appraiser upon observation of any symptoms of undue distress or abnormal response;
- my understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during, and after the appraisal;
- that I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions or received clearance to participate from my physician.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NOTE: This form must be witnessed at the time of signing and the witness must be of the age of majority and independent of the organization administering the appraisal.**



## **/SFC Fitness Club FITNESS ASSESSMENT PRELIMINARY INSTRUCTIONS**

To become a member of the /SFC Fitness Club you are required to complete all membership registration and screening forms. The basic 15 minute Health Screening is mandatory and included in your membership. The full Fitness Assessment is optional at an additional fee of \$65.00 All information provided during the assessment is strictly confidential and for use only within the /SFC Fitness Club. Assessment results are used to individually tailor exercise programs and are also used as a baseline for measuring improvement and program evaluation. The assessment protocol used by the certified Wellness Consultant is the Tri Fit Fitness Testing Protocol.

The assessment protocol used by the certified Fitness Club staff is the Tri Fit Fitness Testing Protocol.

**If you have chosen to complete an assessment, please adhere to the following guidelines:**

### **DRESS REQUIREMENTS:**

- Shorts or loose track pants
- Short sleeved or sleeveless t-shirt
- Running or cross trainer type shoes

### **FOOD & BEVERAGE RECOMMENDATIONS:**

For **2 hours** before your assessment, please abstain from:

- Eating anything heavy
- Drinking or eating anything containing caffeine
- Smoking

### **ADDITIONAL RECOMMENDATIONS:**

For **6 hours** before your assessment, please abstain from:

- Consuming alcoholic beverages
- Any strenuous physical activity

**Note:** Failing to follow any of the above recommendations may affect your assessment results. If you develop cold or flu like symptoms on the day of your assessment, we ask that you reschedule your assessment. Please contact Fitness Centre staff immediately to cancel and re-book your appointment.

**\* If you answered YES to any of the PAR-Q questions, please contact Fitness Centre staff prior to your fitness assessment appointment \***



**/SFC Fitness Club  
FITNESS CLUB & WELLNESS PROGRAMS WAIVER OF LIABILITY**

**TO: QuadReal Property Group**

**TO: TRI FIT INCORPORATED ("Tri Fit")**

Last Name, First Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

The undersigned understands and acknowledges that the facilities and equipment provided at the /SFC Fitness Club ("Fitness Club") and the wellness programs offered by Tri Fit (the "Programs") are made available in order to provide beneficial exercise and enjoyment for the undersigned. I understand that the facilities and equipment of the Fitness Centre must be used in a proper manner in order to avoid and/or minimize the risk of personal injury and/or property damage. This may be achieved through proper, thoughtful and cautious use of such facilities and equipment.

I acknowledge that there are rules concerning my use of the facilities and equipment, including the /SFC Fitness Club Policies & Procedures, and I undertake to read those rules and abide by them. Any violation of these rules will void my entitlement to use the facilities and equipment. I understand that use of the facilities and equipment and participation in any of the Programs are at my own risk, subject to the terms herein. I acknowledge that my use of the Fitness Club and participation in any of the Programs are my sole decision and for my sole benefit and is in no way required and that any questionnaires or evaluation tools that I have completed are meant only to be general guides to assist in my decision to participate.

I acknowledge that there are risks associated with the use of the Fitness Club and participation in the Programs which have been explained to me, all of which I accept, and I confirm that I am physically fit, and am in sufficiently good health in order to use the Fitness Club and participate in the Programs and that both my use of the Fitness Club and my participation in the Programs has been approved by my doctor. It is my responsibility to consult with my family physician if I have any medical restrictions or questions regarding my ability to use the Fitness Club or equipment or participate in any of the Programs. I confirm that my physical condition has been verified by a licensed medical doctor, and that my physical condition will be reviewed periodically by my doctor, especially if I experience any recurring or persisting injuries or significant physical changes.

In consideration of my being permitted to use the facilities and equipment in the Fitness Club and in consideration of my acceptance of the proposed Programs, I hereby irrevocably release and discharge, waive any rights I may have, and agree to save harmless, protect and keep indemnified each of QuadReal Property Group and TRI FIT from and against any and all kinds of actions, claims, costs, expenses and demands (collectively, "Claims") in respect of death, personal injury or illness, loss or damage to my or other's property, however caused, arising out of my being permitted to use the facilities and equipment, and to attend at or in any way take part prior to, during, or subsequent to the Programs, except for any Claims that result from the gross negligence or wilful misconduct of QuadReal Property Group or TRI FIT.

This Consent and Release shall be binding upon my heirs, executors, administrators and legal and personal representatives, and shall inure to the benefit of each of QuadReal Property Group and TRI FIT, and their respective employees, agents and representatives, and their respective heirs, executors, administrators, legal and personal representatives, successors and assigns.

I have read, understood and agreed to the above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness



## **/SFC Fitness Club POLICIES & PROCEDURES**

### **PROFESSIONAL MANAGEMENT**

The /SFC Fitness Club is managed by Tri Fit Inc., leading providers of workplace fitness and wellness programs. Tri Fit consultants will be on-site during all open hours from 6:00 am to 9:00 pm Monday to Friday.

### **MEMBERSHIP ELEGIBILITY**

All /SFC tenant employees are eligible to join the Fitness Club and have access to the facilities, equipment and programs.

### **MEMBERSHIP**

Membership includes:

- Health screening assessment (mandatory) upon joining
- Equipment orientation and personal fitness program
- Use of showers
- Use of the equipment
- Group fitness classes
- Personal training (fee for service)
- A variety of fitness and wellness programs

### **JOINING THE FITNESS CLUB**

All members must complete the following prior to using the facility:

- Membership registration form
- Par-Q (physical activity readiness questionnaire)
- Medical Release form (only required if there is a medical concern)
- Fitness Assessment Consent form
- Waiver of Liability form
- Policies and Procedures form
- Health screening assessment including resting heart rate and blood pressure, height, weight, Body Mass Index and waist girth. A more comprehensive fitness assessment is also available
- Fitness equipment orientation session
- The applicant may be asked to receive medical clearance from their physician before having a fitness assessment

### **CLUB ACCESS**

Once an employee has completed their health assessment and orientation the employee will have full access to the Fitness Club.

### **HOURS OF USE**

The Fitness Club will be supervised during all open hours from 6:00 a.m. to 9:00 p.m. Monday to Friday.

### **CANCELLATION ELIGIBILITY**

- Membership cancellation can only take place after the minimum 1-year term.
- Written notification must be provided to the Fitness Club staff 30 days prior to your cancellation date.
- Your membership is automatically renewed annually if a cancellation notice is not received.
- Termination of employment with the tenant company automatically cancels an employee's eligibility for membership to the Fitness Club.

### **MEMBER'S RESPONSIBILITY**

- All members must complete and sign a PAR-Q form and Waiver of Liability annually.
- All members must advise the Fitness Club staff of any changes in their health status including pregnancy.
- For hygienic purposes, members must wipe down the equipment after each use with the wipes provided.
- During peak times at the facility, please respect the time allotment for equipment use.
- The Fitness Centre maintains a NO GUEST PASS POLICY.
- Refrain from eating or drinking in the Fitness Centre with the exception of water.
- Bring your own water bottle which you may fill up in the Fitness Club.
- Members must exercise at their own level. Too much exercise too fast and too soon can be harmful.
- Use of the facility is at your own risk.
- External Personal Trainers who are not representatives of Tri Fit are not permitted in the Fitness Club.



**FITNESS EQUIPMENT**

- Please return all equipment (i.e. dumbbells and weight plates) to their designated racks after use.
- Members are expected to maintain control of the equipment at all times during their workout. Dropping the dumbbells can cause damage and noise. If you require a “spotter” please contact the Fitness Club staff.
- Report any malfunctioning equipment to the Fitness Club staff immediately.

**FITNESS CLASSES**

Classes will be taught by professional, certified instructors. The types of classes will be determined based on demand. The class schedule will be reviewed quarterly. Types of classes may include but not be limited to Yoga, Zumba, circuit training, cardio, step, spinning, pump, core conditioning and stretch. The class times will also be determined by demand but will generally be available during lunch and after normal work hours.

**PERSONAL TRAINING**

One-on-one and small group training will be available to members subject to demand. Please see the Fitness Club staff for hourly and session rates.

**GYM ATTIRE**

- Non-marking running shoes and proper gym attire must be worn while using the facility.
- Clean athletic clothing is required.
- Proper athletic footwear is required while using the equipment and in group classes with the exception of yoga.
- Open toe shoes are not permitted.
- Members must wear a shirt when exercising.
- Cleanliness and proper hygiene must be maintained.
- Clothing must be washed after each use.

**LOCKERS & CHANGE ROOMS**

- Soap, shampoo and hairdryers are provided.
- Members are expected to bring their own towels.
- Lockers are for day use only. Please take all your belongings with you following your workout.
- Any locks left on lockers may be removed.
- Keep valuables locked at all times. QuadReal Property Group and Tri Fit are not responsible for personal belongings.
- Lockers and change rooms are checked daily for items left. These items will be placed in the Lost and Found. Unclaimed items will be submitted to property management.
- During peak times, please do not use the shower stalls as personal change rooms.
- Protective footwear such as flip flops are recommended in the shower area for hygienic purposes.

**EMERGENCY PROCEDURES**

- Emergency procedures are outlined in detail beside the telephones within the facility.
- Report any facility-related accident or injury to the Fitness Club staff on duty or Security immediately.
- Provide first aid until help arrives. An AED and first aid kit is available in the Fitness Club office.

**I have read and understood the policies and procedures as outlined in this document.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Witness