

**Release, Waiver and Indemnity for Hamilton Health Sciences Shine Wellness Centre at Hamilton General Hospital, Juravinski Hospital, McMaster University Medical Centre, 100 King St W, and St. Peter's Hospital**

Thank you for choosing to use the facilities, services, equipment, and programs of the Hamilton Health Sciences Shine Wellness Centre(s).

In consideration of the acceptance of my application and the permission to participate in the Hamilton Health Sciences Shine Wellness Centre(s), I hereby release, waive and forever discharge Hamilton Health Sciences, McMaster University and their respective employees, agents, Board of Directors and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in any events/equipment within the Shine Wellness Centre(s) at Hamilton Health Sciences, whether as a participant or spectator.

I hereby undertake to hold and save harmless and agree to indemnify Hamilton Health Sciences, McMaster University and their respective employees, agents, Board of Directors and representatives from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in any events/equipment within the Shine Wellness Centre(s) at Hamilton Health Sciences.

**RESPONSIBILITY OF PARTICIPANT:**

Participants are required to self-screen for symptoms of COVID-19 by accessing the online screening tool at [staffscreen.hhsc.ca](https://staffscreen.hhsc.ca) and be cleared to proceed to work before entering the hospital.

All Participants will be required to register for a pre-schedule 30 minute time slot. To ensure everyone has a chance to access the centre, Participants will be permitted to book only ONE (1) time block per day and up to TWO (2) time blocks in a 7 day period. Walk-ins are not permitted.

Participants must ensure that they leave the Wellness Centre(s) at the end of their allotted time-slot, regardless of their entry time.

Participants are required to wipe down equipment BEFORE, DURING, and AFTER each use. Participants will be required to follow proper cough and sneeze procedure and practice good hand hygiene BEFORE, DURING, and AFTER accessing the Wellness Centre(s).

It is the Participant's responsibility to ensure physical distancing measures are being met during their allotted time slot. Participants must ensure that only one individual is in the Wellness Centre(s) at all times.

Participants are required to follow all HHS-wide safety measures such as: masks, hand-washing, and physical distancing. **All participants must wear a mask while in the wellness centre (including when actively engaged in physical activity).** All participants MUST ensure that physical distancing of at least 3 metres is maintained between every person during any exercise/physical exertion activity.

Participants must wear appropriate footwear and attire while accessing the Wellness Centre(s).

Floor fans and mounted fans will remain off and unusable to prevent any unnecessary air movement. It is the participant's responsibility that they remain off during their allotted time slot.

The Participant agrees to comply with the stated and customary terms and conditions for use of the Wellness Centre(s). If, however, the Participant observes any unusual significant hazard during their use, the Participant will remove themselves from participation and create a [Safety Occurrence Report](#). Hamilton Health Sciences cannot and will not assume liability in respect of any risks, dangers, hazards, and liabilities associated with the Participant's use of the Wellness Centre(s). It is the Participant's sole responsibility to refuse to proceed with their use of the Wellness Centre(s) if they are uncomfortable or feel unsafe. The Participant acknowledges that the use of the Wellness Centre(s) is voluntary and at the Participant's own risk.

By submitting this entry, I acknowledge have read, understood and agreed to the above Release, Waiver and Indemnity. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program.

## If you answer

### **Yes to one or more questions**

Talk with 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 activity you want - as long as you start slowly and build up gradually. Or 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

### **No to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonable 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 with your doctor before you start becoming

much more  
physically  
active.


**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.

'Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who understand physical activity, and if in doubt after completing this question, consult your doctor prior to physical activity.

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

 [Spelling...](#)

**Name \***

**HHS Email \***

**Employee ID # \***

**Badge Access Code (5 digit code on the BACK of your badge after the \*): \***

**Work Site: \***

- Hamilton General Hospital
- Juravinski Hospital and Cancer Centre
- McMaster University Medical Centre
- King West
- St. Peter's Hospital

**Date and Time**

Date and Time Date  

**I understand and accept my responsibility for my conduct when at the Wellness Centre(s). \***

Yes

**I have watched the Shine Employee Wellness Centre Orientation video, understand the content and agree to adhere to all the terms and guidelines. \***

Yes

**1. Has your doctor ever said that you have a heart condition and that you should only do physical? \***

Yes

No

**2. Do you feel pain in your chest when you do physical activity? \***

Yes

No

**3. In the past month, have you had chest pain when you were not doing physical activity? \***

Yes

No

**4. Do you lose your balance because of dizziness or do you ever lose consciousness? \***

Yes

No

**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? \***

Yes

No

**6. Is your doctor currently prescribing drugs (for example, water pills) for your**

Yes

No

**blood pressure or heart  
condition? \***

**Do you know of any other  
reason why you should**