

# ABOUT YOU

Last Name		First Name		Workday #	Date
Date of Birth	Gender			Email	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			

Home Address	City	State	Zip
Phone			

Employee Status	
<input type="checkbox"/> Team Member <input type="checkbox"/> Temporary <input type="checkbox"/> Spouse <input type="checkbox"/> Retiree <input type="checkbox"/> Dependent <input type="checkbox"/> Sponsored Member <input type="checkbox"/> Contractor <input type="checkbox"/> Co-Op	

Company Affiliation	
<input type="checkbox"/> TMMK <input type="checkbox"/> TMNA <input type="checkbox"/> Other	

Emergency Contact	Emergency Contact Phone	Relationship

## Activity Level

How many days a week do you usually get 30 minutes or more of exercise/physical activity?

- 0 days     1 day     2 days     3 days  
 4 days     5 days     6 days     7 days

How intense is your activity?

- Easy     Moderate     Difficult

## Overall Health Level

How would you rate your current level of health?

- Poor     Fair     Good     Excellent

## Service/Activity Interests

In what services, programs, activities or equipment do you have an interest?

- Personal Training     Walking Program  
 Strength Training     Cardiovascular Conditioning  
 Sports Injury Prevention     Group Exercise Classes  
 Stretching/Flexibility     Sports Conditioning

## Health Interests

Please check the topics you are interested in learning more about:

- Cholesterol/Blood Pressure     Tobacco Cessation  
 Back Care     Cancer Awareness  
 Diabetes     CPR/First Aid  
 Ergonomics     Nutrition  
 Weight Management     Work Injury Prevention  
 Stress Management     Self-Care  
 Women's Health     Men's Health  
 Children's Health  
 Other: \_\_\_\_\_

# PRE-ACTIVITY SCREENING QUESTIONNAIRE (PASQ)

## Instructions:

Please complete all four sections of this form. A staff member who is an exercise professional in our facility will review it and inform you if medical clearance is needed prior to engaging in physical activity.

## SECTION 1: Current Physical Activity

When answering the questions in this section, please note the following definitions:

**Moderate Intensity:** An activity that causes noticeable increases in heart rate and breathing (e.g., brisk walking)

**Vigorous Intensity:** An activity that causes substantial increases in heart rate and breathing (e.g., jogging)

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

No  Yes

If **yes**, which of the following best describes any vigorous intensity activity in your regular routine the last 3 months?

- I participate in some or all vigorous intensity activity  
 None, but I want to begin some vigorous intensity activity  
 None, and I want to continue moderate intensity activity

## SECTION 2: Medical Conditions

Please check the box (✓) for any of the following medical conditions that you currently have or have had:

- Heart attack  
 Heart surgery  
 Cardiac catheterization  
 Coronary angioplasty (PTCA)  
 Heart valve disease  
 Heart failure  
 Heart transplantation  
 Congenital heart disease  
 Abnormal heart rhythm  
 Pacemaker/implantable cardiac defibrillator  
 Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet  
 Cerebrovascular disease — stroke or TIA (transient ischemic attack)  
 Type 1 or Type 2 diabetes  
 Renal (kidney) disease

## SECTION 3: Signs or Symptoms

Please check the box (✓) for any of the signs or symptoms that you have recently experienced:

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion  
 Shortness of breath at rest or with mild exertion  
 Dizziness or loss of consciousness during or shortly after exercise  
 Shortness of breath occurring at rest or 2-5 hours after the onset of sleep  
 Edema (swelling) in both ankles that is most evident at night or swelling in a limb  
 An unpleasant awareness of forceful or rapid beating of the heart  
 Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill  
 Known heart murmur  
 Unusual fatigue or shortness of breath with usual activities

## SECTION 4: Acknowledgment, Follow-up and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

Participant's Name — *please print*

Participant's Signature

Date

# MEDICAL CLEARANCE

Date:

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Last Name

First Name

Date of Birth

Note to Physician: Your patient would like to participate in the exercise/fitness programs managed by HealthFitness at \_\_\_\_\_ (Facility Name). To comply with recommendations established by the American College of Sports Medicine, HealthFitness requires participants to complete a pre-activity screening questionnaire (PASQ). Based on responses to the PASQ and/or results of resting measurements taken at our facility, your patient requires medical clearance prior to participating in our exercise/fitness programs.

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## Reason(s) for Medical Clearance *(completed by HealthFitness professional)*

PASQ (copy attached):

- Inactive and checked at least one item in either Section 2 or Section 3
- Active and checked at least one item in Section 2 and wants to begin vigorous intensity activity
- Active and checked at least one item in Section 3

Resting Measurements:

- Resting Heart Rate: \_\_\_\_\_ BPM on \_\_\_\_\_ (Date) *(Minimum of two measurements taken)*

Symptoms: \_\_\_\_\_

- Resting Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg on \_\_\_\_\_ (Date) *(Average of two BP readings)*

Symptoms: \_\_\_\_\_

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## Medical Recommendations *(completed by physician)*

- NOT cleared to exercise at this facility — should be referred to a clinically supervised exercise program
- Cleared to exercise at this facility

Please check (✓) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations or program recommendations (e.g., BP monitoring, back care, nutrition, etc.)

- Light (<57 to < 64% HR max)
- Moderate (64 to < 76% HR max)
- Vigorous (76 to < 96% HR max)
- Near maximal to maximal (≥ 96% HR max)

Restrictions/Limitations/Program Recommendations:

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Physician's Name (printed)

Physician's Signature

Phone

Date

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Please return the completed and signed form to your patient. If you have questions or would like to discuss this Medical Clearance form in detail, please contact:

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Name, credentials and title of HealthFitness fitness professional (printed)

Email

Phone

# ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY AGREEMENT

In consideration of the opportunity to receive services from HealthFitness Corporation (“HealthFitness”) and/or become a member of TMMKFitness, I hereby assume all risks of injury, illness, death, or other loss arising from or in any way relating to: (a) use of the amenities, including any equipment and aquatic facilities in TMMKFitness; (b) participation in recreation leagues, personal training, recommendations and instruction regarding exercise, diet, nutrition, aquatics, and fitness (collectively “the HealthFitness Programs”); and (c) the malfunctioning of any equipment in TMMKFitness.

I understand I may have the option to receive a fitness assessment that measures some or all of the following items: (a) flexibility; (b) muscular strength and endurance; (c) body composition; (d) movement efficiency and (e) changes in heart rate and blood pressure before, during and after an exercise test. I understand a particular set of results from the fitness assessment does not necessarily mean I am: fit, unfit, or likely to benefit from exercise or changes in diet. That judgment can only be made by my physician.

I am aware that the fitness assessment is for the purpose of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace any medical screening I may need, and neither TMMKFitness, HealthFitness, nor any of their Affiliates\* will determine whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters. I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet. I understand and acknowledge that I should consult with my physician before participating in any exercise program or regimen, particularly if I am pregnant, nursing, or under medical supervision for any medical condition. I also understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I further understand HealthFitness staff may question me about my health status and I agree to complete a health history questionnaire if requested by HealthFitness staff. I certify the information I provide to HealthFitness staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform HealthFitness staff in the event of any change in my health or medical status. HealthFitness shall treat information regarding my personal health and medical status as confidential. HealthFitness shall not release such information without my written consent, except to authorized HealthFitness and TMMKFitness facility employees, agents, successors and assigned contractors HealthFitness uses to support its business; in connection with any programs sponsored by TMMKFitness in which I participate; in connection with the sale, assignment or other transfer of the HealthFitness or TMMKFitness business; when required by applicable laws, court orders or government regulations; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that for statistical analysis or other research purposes HealthFitness may use or disclose to others information relating to my personally identifiable information from records relating to my health, and the newly de-identified information.

On behalf of myself and my personal representatives, heirs, executors, administrators, assigns, next of kin and estate, to the fullest extent permitted by law, I hereby release, waive, relinquish, discharge from liability and covenant not to sue TMMKFitness, HealthFitness, or any of their respective Affiliates (as defined below), or any other entity that may now or in the future manage, administer or provide services, classes, activities or programs at or through TMMKFitness (the “Releasees”) from any and all claims, including claims for punitive or liquidated damages, claims for attorney’s fees,

# ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY AGREEMENT

costs and disbursements, individual or class action claims, demands, actions, suits, causes of action and/or liabilities, of whatever kind or nature, in law, equity or otherwise, related to or arising, directly or indirectly, from my participation in the HealthFitness Programs, including but not limited to those arising from the use, misuse, or malfunction of any exercise machine or equipment and/or any negligent act or omission by any of the Releasees.

Releasees assume no responsibility for any liability, damage or injury that may be caused by my negligent and willful acts and omissions related to or arising from my participation in the HealthFitness Programs, or for any personal injury, property damage or death caused by the acts or omissions of any other member of TMMKFitness and/or any observer or participant in any TMMKFitness Activities, or any of them.

I understand at any time I may review this agreement by requesting a copy from HealthFitness staff. I agree if a court holds that any portion of this agreement is invalid, the remainder of this agreement will continue in full legal force and effect.

I understand use of TMMKFitness and participation in the HealthFitness Programs is strictly voluntary, and that I may discontinue my participation at any time. I further understand HealthFitness or TMMKFitness may revoke my privileges to use TMMKFitness or otherwise participate in assessment or other programs at any time, in their sole discretion. I agree to be bound by and obey all the rules and policies of TMMKFitness, HealthFitness and HealthFitness staff in my use of TMMKFitness and in my participation in the HealthFitness Programs.

I have carefully read this **Assumption of Risk, Waiver, and Release of Liability Agreement** and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it. I am 18 years of age or older.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*\*The term "Affiliates" means any HealthFitness or TMMKFitness branch, division, subsidiary, parent, or entity sharing common ownership and/or HealthFitness or TMMKFitness's present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors, and the successors and assigns of each, whether in their individual or official capacities.*

# FACILITY GUIDELINES

## TMMKFitness

### Hours of Operation

24 Hours: Monday 4:00AM – Saturday 5:00PM  
Closed Sunday

### Membership/Who is eligible?

- All TMMK/TMNA Team Members and Retirees
- Spouses
- Dependents (unmarried, full-time students ages 11-26)
- Employees, spouses and eligible dependents of select Toyota subsidiaries, full-time temporaries and contractors
- Select TMMK/TMNA co-ops
- Each member may sponsor one Guest member (see Guest Policy in handbook)

### Membership Cancellation Process

Members can cancel their memberships at any time.

- In order for a member to cancel he/she must come to TMMKFitness to fill out the required forms.
- A cancellation form must be filled out for each member wishing to cancel.
- Additional forms may also be required to be completed if the cancelling member has children enrolled in Kids Korner, or if the cancelling member is renting a locker.
- TMMK/TMNA Team Members will be asked to sign a new Payroll Deduction form at the time of cancellation.
- Participants, who voluntarily terminate their membership and wish to re-enroll, must repay the enrollment fee.

### Badging In

For security purposes, each participant is required to utilize his/her TMMKFitness badge when entering and leaving the building. A TMMKFitness staff member may conduct badge checks to verify membership. Using another members badge to gain access to the facility is strictly prohibited and may result in loss of membership privileges for all parties involved.

### Equipment Use

Lap Counters, Stop Watches and Heart Rate Monitors are available for check-out at the front desk. Members are responsible for wiping down equipment after use with the disinfectant wipes provided.

### Dress Code

Conservative exercise attire is required. No bare mid-drifts. Close-toed shoes and shirt must be worn by members at all times. If a participant fails to wear the appropriate clothing, he/she may be asked to leave the facility.

### Photography/Videotaping

In accordance with TMMK's Electronic Devices Policy, photography and/or videotaping is strictly prohibited within TMMKFitness without the appropriate authorization. Failure to abide by the policy could lead to termination of membership privileges.

### Illness/Injury

Please report any injuries/illnesses incurred in the fitness facility, no matter how minor, to a staff member immediately. In addition, members who experience an injury or change in health or medical status outside of facility should inform the staff upon returning.

# FACILITY GUIDELINES

## Emergency Response System

The staff is trained in CPR and First-Aid techniques and will respond to emergencies promptly. An automated external defibrillator (AED) is available in the fitness facility for use in case of a cardiac emergency. In case of an emergency, dial 911 or 2222.

## Personal Training Policy

Member's personal training other members is strictly prohibited at TMMKFitness. Failure to abide by the policy could lead to termination of membership privileges.

## Lockers

Daily lockers are available while using TMMKFitness. Lockers left occupied throughout the day and overnight will be emptied during nightly locker room checks (Locks will be cut and contents removed). Belongings will be retained in the fitness facility lost and found for 30 days. TMMKFitness is not responsible for member belongings while in the facility or items left in the facility.

A limited number of lockers are available to rent. Rental is \$3.50/pay period payroll deduction or \$7.58/month credit/debit card. Please see fitness staff for availability.

## Amenities

Amenities in the locker room include (hair dryers, bath towels and soap). These items are supplied for your convenience and should not be removed from the locker rooms. Please help maintain a clean environment for those using the sink and vanity areas after you.

## Towels

Towel service is available for your convenience. Please do not take towels out of the facility. Dirty towels should be put into the bins provided.

## Music Selection

In consideration of other members personal stereos (including phone speakers) are not permitted. Staff will select all overhead music played and will control the volume. Radio stations that feature upbeat, mainstream music will be played. We filter music with explicit content and/or offensive in nature to the best of our abilities.

## Lost and Found

All valuables should be locked in a locker while members are exercising in the fitness facility. Please report any lost or found items immediately to staff. The Fitness Facility is not responsible for lost or stolen articles.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_