

MEMBERSHIP AGREEMENT

Spouse Name: _____ Associate Number: _____

Associate Phone Number: _____ Associate Email: _____

Associate Name: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

Please choose one membership option: 3 Months: ☐ \$30.00 6 Months: ☐ \$60.00 1 Year: ☐ \$120.00

Membership Start Date: _____ Membership End Date: _____

Payment Method: Cash: ☐ Cheque: ☐ Payroll deduction: ☐

Cash Received: ☐ Cheque Received: ☐ Cheques made out to Honda of Canada mfg

Associate signature authorizing payroll deduction: _____

Reference number (on back of card): 4+ _____

**If the member signs up on or before the 5th of the month, the membership will commence on the 1st of that month.
 If the member signs up on the 6th or after, the membership will commence on the 1st of the following month or on the 15th of the current month for a pro-rated amount of \$5.00 for the first month only.

Membership eligibility

To be eligible for membership, the applicant must be a permanent HCM Associate's dependant as defined in the *HondaFlex Benefit Handbook. In the event the associate ceases to be employed by HCM, the spousal membership will be ended and membership fees for the remainder of the year will be refunded. Spouses are defined as a person who: you are legally married to and not separated for a period greater than 90 days, you are in a common-law relationship who is living with you in a conjugal relationship for at least 12 months, or you are in a common-law partnership with no minimum cohabitation period if you are both the parents of the same natural or adopted child.

Policies/Rules and Regulations

the member agrees to abide by the policies/rules and regulations outlined in the Facility Handbook, including any amendments that may be enacted. Any breach of these policies/rules could constitute reasons for termination of membership.

Change of Status

The member is required to provide updated information regarding location, phone numbers, and status as they occur. In addition, they are responsible for informing a Honda Living Well Centre staff member of changes to their health status.

I have read, understood, and agreed to the above.

 Signature of Applicant

 Date (D, M, Y)

For office Staff Only

Benefits validated: YES ☐ NO ☐

Payment Deducted: ☐

Date: _____

INFORMED CONSENT – MEMBERS

(For participation in all activities at the Honda Living Well Centre)

Thank you for choosing to use the activities, facilities, programs, or services of the Honda Living Well Centre. We request your understanding and cooperation in maintaining your health and safety by reading and signing the following informed consent 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, (me 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.

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.

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 strain or tear, tendon, ligament, bone, and joint soreness.*
- *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.*

If any of the above conditions apply, you are required to complete a "Get Active Questionnaire (GAQ) – Reference Document" in order to register.

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 Get Active Questionnaire ('Y) that I completed, about my being active and/or about my participation in the Activities.

APPLICANT'S INITIAL:

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 the Living Well Centre, its parent and affiliated companies, and LIVunLtd Inc, 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 claims, 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.

Privacy Statement

APPLICANT'S INITIAL:

Personal information collected on this document, by this site and by our system (LIVunLtd Inc.) 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 and Electronic Documents Act (PIPEDA) which authorizes Private organizations to collect the minimum personal information needed in order to deliver the requested service. We use a combination of software, hardware, and encryption protocols to protect your information. All information that you provide will be kept strictly confidential. We will not sell, give away or grant access to your information to anyone outside of the organization or our affiliates. In the event that we are required by court order, subpoena, or legal action to disclose personal information about registrants to our system, we will limit the disclosure to only that information which is specifically required by the order.

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

By initialing and signing below, I am aware that LWC staff will occasionally take photos/videos of events and programs running that I may appear in. Photos of events I have attended may appear on LWC's Facebook pages (HCM Living Well Centre and HCM Hockey League), HCM's website under the Living Well Centre pages, Living Well Hub, LWC's lobby TV, etc...

APPLICANT'S INITIAL:

By my signature, I am indicating that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability, and I voluntarily agree to its terms.

I have had sufficient time to read and understand the terms of the waiver and freely and voluntarily agree to and accept the terms.

Member's Name: _____

Member's Signature: _____

Date (D, M, Y): _____

The Honda Living Well Centre: Member Code of Conduct and Centre Rules

The Living Well Centre has been designed to offer all associates the opportunity to participate in fitness and wellness activities that are enjoyable and beneficial to their health. In order to promote these objectives, the facility must be shared by all members, with a view to ensuring that members consider the impact of their actions upon others using the facility. Some codes may differ from other fitness facilities that you may have frequented in the past.

Members are expected to behave in a responsible manner that is consistent with this Code of Conduct and WILL:

- *keep safety in mind at all times and exercise at your own risk*
- *consult with fitness staff, if unfamiliar with the equipment, or safe exercise principles*
- *allow others to “work in” with them, when performing multiple sets on a machine or bench (everyone has limited time to exercise, and the equipment must be shared by all)*
- *be courteous and respectful in dealings with other members and staff; verbal or physical abuse will not be tolerated*
- *treat the Centre property and equipment in a proper manner to avoid damage or injury*
- *avoid the use of profanity or other inappropriate language while on the premises*
- *Clean or Sanitize machines/benches before and after use.*
- *wear appropriate fitness clothing and launder their clothing prior to each workout; shoes are mandatory (except for some yoga/Pilates mat workouts)*
- *contact staff on duty, if they wish to show/tour a co-worker, through the facility (it is preferable that fitness staff conduct the tour, at their discretion)*

Members will NOT:

- *wear “outdoor” or open-toe shoes in the facility, regardless of whether the member feels that they are sufficiently clean or safe to warrant usage*
- *drop dumbbells, barbells, or other equipment, which could cause damage or injury, or disrupt other members unnecessarily*
- *use hand chalk or other products that leave a residue on the equipment*
- *interrupt classes while they are in session (please try to arrive on time, or at least within the first five minutes of the class)*
- *attempt to “train” or instruct other members, whether pre-arranged or unplanned, regardless of whether the member feels that they have sufficient knowledge to do so (only LWC staff are permitted to train members)*
- *consume food or beverages except for water or sports drinks in a closed container*
- *attempt to bring a non-member onto the premises for the purposes of exercising or using the locker rooms (this facility is for the use of members only)*
- *attempt to bring in an outside Personal Trainer or Class Instructor or another Therapist*
- *use the facility while under the influence of alcohol or drugs*
- *commit theft or other illegal actions*
- *do not leave towels on the benches or counters*
- *use a cell phone inside the locker room*

Members who do not comply with this Code of Conduct or the Rules of Membership will be given a warning and/or may be asked to leave the premises, and/or may have their membership privileges suspended or cancelled.

Member’s Name:_____

Member's Signature:_____

Date (D, M, Y,): _____