



**ADOBE WELLNESS CENTRE  
OTTAWA, ONTARIO MEMBERSHIP  
ENROLMENT PACKAGE**

## WELLNESS CENTRE MEMBERSHIP INFORMATION

Employee Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Extension: \_\_\_\_\_

To activate your security access to the Wellness Centre, you must have completed the following:

Physical Activity Readiness Questionnaire Completed?	YES	NO
Waiver, Release and Indemnity Form Completed?	YES	NO
Strength Tek Informed Consent and Release Form?	YES	NO
Payroll Authorization Form Completed?	YES	NO

I have read the rules and regulations of the Wellness Centre and agree to abide by them.

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

***Please fill out, save and return your application by email to Andreas Kotantoulas or OttWell@adobe.com. Access to the Centre will be activated within 36 hours from the time you submit your membership pack- age.***

## PROGRAM AND PARTICIPATION OVERVIEW

The Adobe Wellness Centre is open Monday through Friday from 6:00am to 6:00pm. The Centre features a full complement of cardiovascular, weight machines, and free weight equipment, group fitness classes, and scheduled wellness programs. Orientation and Evaluations are available on a daily basis.

### Eligibility

The Centre is available to all regular full-time and part-time Adobe employees and interns only. **Please note that the use of the Wellness Centre is not extended to any family members or external visitors under any circumstances.**

### Exercise Facility

The goal of the Wellness Centre is to offer a full range of programs posted on a monthly basis. Services include access to the cardiovascular machines, weight training machines, free weights, showers and personal orientation programs to be provided by the on-site fitness consultant.

The on-site fitness consultant will be at the Centre, Monday through Friday, to answer questions and to provide consultation on machine usage.

### Aerobics Studio

All Group Fitness classes are held on-site in the Aerobics Studio. Classes such as step, hi/lo, core strength, stretch, power walking and circuit are offered on a daily basis. Please refer to the Studio schedule posted in the Wellness Centre and Inside Adobe > Human Resources > Other Benefits for scheduled times and class descriptions.

All group fitness classes require a minimum of 3 members in order to begin as scheduled.

### Wellness Programs

Wellness Programs are available at an additional cost and will provide you with an opportunity to participate in additional fitness activities or informative health related information sessions in a group setting. A variety of wellness programs are offered on a regular basis to satisfy the needs of all members. Typical programs may include: Yoga, Pilates, Cardio Kick-Boxing, Karate, Belly Dancing and Learn to Run.

All wellness programs require a minimum of 9 registered members and will be subject to cancellation should this number not be met. Refunds will be provided in the event of cancellation.

### New Member Orientation

Each new member is required to participate in a mandatory orientation session with the on-site fitness consultant.

### Fitness Consultation

A one-on-one session with the on-site fitness consultant will be booked with you to develop a fit-ness program, review your current program, or to assist you in addressing any questions you may have with respect to achieving your fitness goals.

### Fitness Testing

This evaluation includes one or all of the following: body composition, body fat, blood pressure, muscular strength/endurance, and flexibility.

## **One-On-One Personal Training**

One-on-one personal training is available to you at an additional cost. Personal training ensures that you get the assistance you need to achieve your fitness goals on a one-on-one basis with one of our certified trainers.

***All appointments must be booked in advance to ensure the availability of a fitness consultant. Participants are encouraged to arrive at their scheduled appointment five minutes early, dressed appropriately for the environment.***

## **Etiquette**

A few rules to follow while enjoying the Centre:

- Wipe down all equipment, after use, with the towels and spray bottles provided
- Remember to put weights and gym equipment away after use
- Members must adhere to the sign-up policy for allotted time on cardio equipment
- Let other members use equipment if you are resting between sets
- Proper gym attire and footwear must be worn
- Torn shorts, shirts and sandals are **not** allowed
- Shirts must be worn at all times

## **Access to the Wellness Centre**

In order to gain access to the Wellness Centre, members are required to swipe their Adobe employee passes located at the entrance. Each new member to the Centre will be required to complete a Membership Contract, Physical Activity Readiness Questionnaire, a Waiver, Release and Indemnity and Payroll Authorization Form prior to access being authorized.

### **Have Questions or Need More Information?**

Should you have any questions pertaining to the centre, or require additional information, please contact The Wellness Centre at extension 53924 or <mailto:ottwell@adobe.com> or [erc@adobe.com](mailto:erc@adobe.com) for Employee Experience Team.

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

EMPLOYEE NAME: \_\_\_\_\_

Please indicate your response to each of the following questions by circling YES or NO:

Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?	YES	NO
Do you have chest pain brought on by any physical activity?	YES	NO
Have you developed chest pain at rest in the past month?	YES	NO
Do you lose consciousness or lose your balance as a result of dizziness?	YES	NO
Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	YES	NO
Is your doctor currently prescribing medication for your blood pressure or heart condition? (i.e. diuretics or water pills)	YES	NO
Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?	YES	NO

**NOTE:**

- If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.
- If you are pregnant, you are advised to consult with a physician before exercising.
- If there are any changes in your status relative to the above questions, please advise the on-site fitness consultant immediately.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## WELLNESS CENTRE

### WAIVER, RELEASE AND INDEMNITY FORM

Physical exercise can be strenuous and subject to risk. As such, you are urged to undergo a physical examination from a qualified physician and to check your medical and health insurance coverage **before** using any exercise equipment or participating in any physical activities. By signing this Form, you release Adobe Systems Incorporated and Adobe Systems Canada Inc. from liability and give up the right to sue Adobe or make any claim against Adobe, on your own behalf and on behalf of those close to you.

By signing below, and in consideration for being permitted access to use the facilities and services described herein, I understand and acknowledge that the Wellness Centre is an unsupervised facility and I agree to assume all risks including, without limitation, the risk of property loss, personal injury, illness or death, associated with (i) my use of the Wellness Centre, the locker room, showers, and any and all related equipment and facilities (collectively, the "Wellness Centre"), and (ii) my participation in any Aerobic Studio workouts and all Wellness Programs. I agree that I am voluntarily participating in such Wellness Centre use and Wellness Programs.

I agree that Adobe is not responsible for any of the risks described above. I hereby release Adobe Inc. and Adobe Systems Canada Inc., its subsidiaries, affiliates, landlord(s) and their respective directors, officers, agents, fitness instructors, fitness consultants and employees, if any, (collectively, "Adobe"), from any and all claims, actions, demands, liability or damages, including lawyer's fees, in negligence, gross negligence, tort, contract or otherwise, which are in any way connected with my use of the Wellness Centre, or my participation in any Wellness Programs (collectively, "Claims").

I hereby agree to indemnify and hold harmless Adobe Inc. and Adobe Systems Canada Inc. from any Claims by any other person, including my spouse, dependents, heirs, personal representatives, assignees, children, guardians of my children and insurance companies ("Third Party Claimants"), my guests, or the Third Party Claimants of any of my guests. This Form binds my Third Party Claimants, and my estate.

**I acknowledge that Adobe has given me no undertakings, guarantees, warranties or representations relating to the Wellness Centre or the workouts, express or implied, written or oral, by operation of law, statute or otherwise, including, but not limited to, warranties or conditions of merchantability or fitness for a particular purpose.**

**I ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OLD, AND THAT I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY IN FAVOUR OF ADOBE. I AGREE TO VOLUNTARILY GIVE UP ANY RIGHT THAT I MAY OTHERWISE HAVE TO BRING A LEGAL ACTION OR MAKE A CLAIM AGAINST ADOBE. ANY PROVISION OF THIS FORM THAT IS DECLARED INVALID SHALL NOT AFFECT THE VALIDITY OF THE REMAINING PROVISIONS. THE LAWS OF THE PROVINCE OF ONTARIO SHALL GOVERN THIS FORM.**

EMPLOYEE NAME (PRINTED): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## STRENGTH TEK FITNESS AND WELLNESS INFORMED CONSENT AND RELEASE FORM

*I, (please print) \_\_\_\_\_, acknowledge that my participation in any Strength Tek Fitness and Wellness Consultants programs and/or services is voluntary.*

*I understand that there are potential risks associated with any type of physical activity and I willfully assume those risks.*

*I, the undersigned, do hereby acknowledge my understanding that I may ask any questions or request further explanation concerning the procedures of any fitness and/or wellness programs and services including the use of fitness equipment.*

I agree that I alone am responsible for assessing whether my participation poses any problem or hazard to me. To assist me in assessing this I agree to properly utilize any questionnaires and/or other recommended assessment mechanisms.

*I, the undersigned, do hereby acknowledge that I have read, understood, and completed the physical activity health screen questionnaire and have answered NO to all of the questions.*

I agree to immediately inform Strength Tek staff should there be any change in my medical condition, as this may require completion of the physical activity health screen questionnaire and/or changes to my exercise program to ensure its continuing suitability.

I agree that my participation may be terminated upon observation of any symptoms of undue stress or abnormal response to the activity.

*In consideration of being allowed to participate in any Strength Tek coordinated activity and/or program, I, or any person claiming through my behalf, do hereby waive, release and forever discharge, Strength Tek Fitness and Wellness Consulting, its officers, employees, agents or contractors and all others from any responsibility or liability from injuries or damages (including death) resulting from my participation in the above mentioned activities.*

*I acknowledge that I have carefully read and understood this informed consent and release form in its entirety.*

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

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