

PROMEDICA TOLEDO AND TOLEDO CHILDREN'S HOSPITALS
Employee and Affiliate Exercise Room Participation Enrollment

We are pleased to be able to offer learners from The University of Toledo College of Medicine with access to the exercise room facilities on the campus of ProMedica Toledo Hospital/Toledo Children's Hospital. This secured room is available to all hospital employees and affiliates. Access to the room is by ID badge entry and must be pre-approved.

Please utilize the following directions to obtain pre-approval and access to the exercise room:

1. Print all pages (3) of this file.
 - NOTE: There are two forms following this cover page that must be completed and returned – *ProMedica Exercise Room Participation Form* and *Ohio Bureau of Worker's Comp Waiver Form*.
2. Complete both forms fully and legibly.
 - NOTE: Electronic signatures will not be accepted.
3. Return the completed form to your Program Coordinator or the GME office, located on the 3rd floor of Jobst Tower on the Toledo/Toledo Children's Hospitals campus.

Once received, your participation request will be logged through the GME office. The completed form will then be forwarded to the hospital human resources department who will coordinate access to the exercise room via your ProMedica ID badge.

Please be aware that this process may take 5 – 7 business days to complete. If after such time your ID badge does not work to gain access to the exercise room, please contact Mary Duncan, Director of Academic Affiliation Integration – ProMedica, at 419-291-8135 or mary.duncan@promedica.org.

**PROMEDICA TOLEDO HOSPITAL & TOLEDO CHILDREN'S HOSPITAL
Employee and Affiliate Exercise Room Participation Enrollment Form**

1. Use of the Exercise Room and equipment is a privilege that permits TTH/TCH employees and others affiliated with the hospitals who are given permission ("Participants") to exercise at the facility. This privilege can be revoked at any time at the business unit's discretion.
2. Prior to using the ProMedica Health and Wellness Center's Exercise Room participant must complete (1) this **Exercise Room Participation Enrollment Form, including the Release and Waiver of Liability**, and (2) the **Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities** (BWC form C-159) for any injury, disease or disability arising out of use of the exercise room and/or program. Both completed forms must be returned to Toledo Hospital Human Resources before using the Exercise Room.
3. All Participants entering the Exercise Room are required to use the ID badge swipe in system, as a record of usage and to confirm necessary forms are completed.
4. Food is not allowed in the Exercise Room. Drinks in covered, plastic bottles or containers are permitted.
5. Personal music devices are allowed but are limited to those with earphones/earbuds only.
6. If a facility telephone is present, it is limited to internal and emergency calls only.
7. Proper exercise attire (appropriate clean, comfortable clothing and athletic shoes) should be worn at all times. Shirt and shoes are required at all times.
8. All exercise equipment must be used as instructed. Due to the limited space and number of participants, a 20 minute time limit is applied to any piece of cardiovascular equipment. In addition, strength machines should be shared after each set. If you have questions regarding the operation or repairs of any piece of equipment, call **Wildwood Athletic Club (419-578-7575)** or **Fitness Connection (517-424-3399)**.
9. Personal items are not to be left in the Exercise Room.
10. Employees may only use the Exercise Room during non-work hours (lunches or breaks).
11. But for emergency, cell phone use is not permitted in the Exercise Room or changing rooms if changing rooms are available.
12. In case of an emergency, use your cell phone, the phone located in the Exercise Room or nearest phone to the Room to call for help.
13. All ProMedica standards of conduct apply when using the Exercise Room.
14. If Exercise Room is monitored via a security camera, it is done for the safety of all participants.

Operational/Equipment questions should be directed to Employee Wellness: 419-291-5826.

RELEASE AND WAIVER OF LIABILITY

The undersigned Participant acknowledges and fully understands that use of the ProMedica Toledo and Toledo Children's Hospital Exercise Room ("exercise room") involves risks of bodily injury and death and that he/she is voluntarily assuming all risk of bodily injury and death resulting from the negligence of any agent or employee of ProMedica Health System or its affiliates, suffered as the result of use of the exercise room. The Participant also expressly waives his/her right to make any claims against ProMedica Health System, its officers, directors, agents, employees, and successors and assigns ("Releasees") for bodily injury or death which may arise as a result of the Participant's use of the exercise room.

The Participant agrees to indemnify and hold harmless Releasees from any and all claims brought by or on behalf of the Participant, the Participant's spouse or the Participant's dependent children resulting from the Participant's use of the exercise room.

The Participant expressly agrees that this form is intended to be as broad and inclusive as permitted by the laws of Ohio, and that this form should be governed by and interpreted in accordance with the laws of Ohio. The Participant further agrees that in the event that any clause or provision of this form shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions hereof which shall continue to be enforceable.

By signing below, the Participant acknowledges that he/she has read all of the above and, understands its contents, and has voluntarily signed same.

Participant Signature: _____ **Date:** _____ **ID#:** _____

Name (print): _____

Home Address: _____

Emergency Contact (Name and Contact #): _____ **#:** _____



Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
- In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
- The employee **must** sign and date this form to acknowledge agreement.
- The employer shall retain the original for his or her files and provide a copy to the employee.
- The employer should submit a copy to BWC **only when an employee files a claim** for an Injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print or type)	Date
Employer name	Risk number

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program **which is not listed**, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs	Usage of TH/TCH Exercise Room
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

Employee signature

Date signed