



Oneida Health
exceptional care... always

Date:

Dear Dr.

Oneida Health offers its employees access to exercise equipment for their personal use. This access is offered so that employees may undertake their own personal exercise regimen.

The hospital is not offering to, nor shall it design, the exercise program for the employee, but it will assist the employee in the implementation of the exercise program. The employee will be instructed in how to take their heart rate and will be instructed in how to use all the equipment.

I, _____ acknowledge that _____
Is my patient and that he/she is able to participate in an exercise program.

I have not placed any restrictions on this patient.

I have placed the following restriction(s) on this patient.

MD Signature

Fax to: (315) 361-2108

ONEIDA HEALTH
EMPLOYEE EXERCISE ROOM ACKNOWLEDGMENT OF RISK
RELEASE AND WAIVER

Oneida Health offers its employees access to exercise equipment for their personal use. This access is offered so that employees may undertake their own personal exercise regimen. By allowing employees to use this exercise equipment, Oneida Health does not intend to either sponsor an exercise program or recommend any particular or general use of this equipment. There are to be a minimum of two (2) employees in the gym in order to use the facility.

Prior to being allowed access to the exercise equipment, all employees must provide the hospital with written consent from their personal physician indicating that he or she knows of no reason why the employee may not engage in an exercise regimen. In addition, each employee who wishes to use the exercise equipment must meet with one of the hospital's physical therapists, who will orient the employee to the equipment and discuss the employee's individual exercise program. Again, the hospital is not offering to nor shall it design the exercise regimen for employees, but it will assist the employee in the implementation of such employee's personal exercise plan.

It is the obligation of the employee to inform the hospital of any change in his or her physical or medical condition that might affect the employee's ability to safely undertake an exercise regimen. The employee must also immediately report to the Employee Health Office, any injury or accident that occurs when such employee is using the hospital exercise equipment or which might be related to such use. Employees may never allow access to the exercise equipment or the room in which such equipment is located to anyone other than another Oneida Health employee who has permission to use the room. If any employee using the exercise equipment has a question about the authority of another individual to use the exercise equipment, he or she must immediately contact Security. The Hospital reserves the unilateral right to revoke its permission for any individual employee to access and use the exercise equipment, for whatever reason, including but not limited to inappropriate, disruptive, offensive, or dangerous behavior involving the exercise equipment or the room in which such equipment is located, health reasons, and/or non-compliance with any other rules and restrictions the hospital may impose with regard to the equipment. The hospital also retains the right to unilaterally change and/or terminate this program.

Employee Acknowledgement and Release

I, _____ acknowledge that I have read and that I understand the above
[Print Employee Name]

information. I understand and acknowledge that Oneida Health is merely allowing me access to exercise equipment and that it is not advocating its use nor designing an exercise program for me. I further acknowledge that there are risks inherent in engaging in an exercise program (including but not limited to physical injury and contraindication/exacerbation of medical conditions), that I must consult my own physician about the risks and benefits involved in my undertaking an exercise program, and that I am responsible for securing professional advice in designing my own exercise regimen. I agree to follow all the rules and requirements imposed by Oneida Health related to the use of the exercise equipment and I understand that Oneida Health may, at any time and for any reason or no reason, revoke the permission it is granting me to use the exercise equipment. I hereby release Oneida Health, its trustees, officers, employees and agents, from any and all liability, claim, or damages that are in any way related to my access to and use of the equipment and I hereby, for good and valuable consideration, waive any right I may have to seek administrative or legal recourse of whatever kind, against Oneida Health, its trustees, officers, employees and agents that is in any way related to my access to and use of the equipment.

[Signature]

[Print Name]

[Date]

[Witness Signature]

[Print Witness Name]

***includes employees, auxiliary board members, volunteers, and medical staff**

GENERAL POLICIES

This is an EMPLOYEES (Oneida Health employee, volunteer, auxiliary board members, medical staff) gym only! Employees may not loan their ID card to anyone. No children are allowed. All gym users will sign in and out each time they use the gym.

All participants of the gym will have a signed waiver of liability on record, a signed medical release, and will have been oriented to the equipment.

Only authorized users are allowed entry. Employees must enter and exit through the Wayland Drive door only.

1. Changing rooms (male and female) are available. We recommend that you do not bring valuables into the facility. **ONEIDA HEALTH IS NOT RESPONSIBLE FOR LOST OR STOLEN ARTICLES.**
2. Appropriate attire is necessary. Athletic clothing including sports shorts, sweats, or other work-out attire must be worn. No street clothes (Jeans, shorts with belt loops/pocket, etc.) will be allowed. Be considerate of others.
3. Full T-shirts must be worn at all times.
4. Street shoes, sandals, flip-flops, open toe shoes are not allowed.
5. Weight belts are not allowed on exercise equipment if the belt buckle makes contact with the upholstery.

WELLNESS FACILITY RULES AND POLICIES

1. Employees who have not been instructed in the proper use of equipment should ask for assistance.
2. Do not operate equipment if it has loose or damaged parts. Report repair needs to Maintenance Department, extension 1239.
3. Never put hands or feet under weight stacks. Place hands and feet only on the handgrips and foot pads provided.
4. Do NOT drop weight stacks, plates, dumbbells or other free weight equipment.
5. There is a 20-minute time limit on all cardiovascular equipment when anyone is waiting.
6. Exercise stations must be utilized as designed and in the designated space. Weight stations may not be altered in any manner inconsistent with their design or intent.
7. Food and drink are prohibited with the exception of bottled water.
8. Remember to wipe down equipment after use.
9. The gym is not supervised, so please be responsible. In the case of an emergency call 911.
10. No boom boxes or loud audio devices allowed. Only personal audio devices are allowed.
11. Alcohol, non-prescription drugs and tobacco products are not permitted.
12. Injuries or accidents must be reported. Please fill out an incident report, sign it, and sent it to Personnel ASAP.

The gym will be available from 5:00 a.m. until midnight 7 days a week

If you are alone in the facility, please attach the "lifeline" to your wrist/neck. Make sure you return it before you leave.