

U A M S Community Fitness Program

Employee Emergency Information

Name: _____ Birth Date: _____

Workday ID #: _____ Badge #: _____

E-Mail Address: _____ Phone #: _____

Address: _____ Cell #: _____

City, State, Zip: _____ Work Phone #: _____

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Medical History

Are you having or have you had any of the following (Please check):

- | | |
|--|--|
| <input type="checkbox"/> Heart Problems _____ | <input type="checkbox"/> Balance Problems _____ |
| <input type="checkbox"/> Tobacco Use _____ | <input type="checkbox"/> Memory Loss _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Osteoporosis _____ |
| <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Obesity _____ |
| <input type="checkbox"/> Multiple Sclerosis _____ | <input type="checkbox"/> Breathing Problems _____ |
| <input type="checkbox"/> High Cholesterol _____ | <input type="checkbox"/> Recent Surgery _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Stroke _____ |
| <input type="checkbox"/> Parkinson Disease _____ | <input type="checkbox"/> Fibromyalgia _____ |
| <input type="checkbox"/> Arthritis _____ | <input type="checkbox"/> Hernia _____ |
| <input type="checkbox"/> <input type="checkbox"/> Location _____ | <input type="checkbox"/> Polio and Post-Polio Syndrome _____ |
| <input type="checkbox"/> Low Back Pain _____ | <input type="checkbox"/> Can you swim? _____ |

Explain any checked conditions on the lines beside the condition.

Please consult with your physician if you have any of the above conditions before beginning any vigorous activities.

I have read the Release and Waiver of Liability Form (attached) and understand the risks and accept full responsibility for exposure to such risks. I agree to abide by the rules and regulations of the Ottenheimer Fitness Center and/or the Water Wellness Program at the Jackson T. Stephens Spine and Neurosciences Institute.

Signature: _____ Date: _____

Name (Please Print): _____

Witness: _____ Date: _____

(OVER)

Release and Waiver of Liability
UAMS Jack T. Stephens Spine and Neurosciences Institute Water Wellness Program and the
Ottenheimer Fitness Center(“UAMS Facilities”)
Employee Membership

In requesting membership to the UAMS Facilities, I affirm that I am in good health and that I am not adversely affected by physical exercise activities (“Exercise”) in which I will be involved in at the UAMS Facilities. I further affirm that I am safely able to engage in Exercises at the UAMS Facilities. I am either (1) not currently under the care of a physician who should be advised of my desire to participate in Exercises, or (2) under the care of a physician and affirmatively state that I have received his/her permission to participate in Exercises.

I agree to follow all the rules and policies of the UAMS Facilities. I understand that my failure to abide by and to follow the UAMS Facilities’ rules and policies may result in the termination of my Employee Membership. I further understand that UAMS has the right to terminate my Employee Membership at its complete and unilateral discretion.

I understand there is inherent risk of injury in participating in Exercises and use of the UAMS Facilities and its equipment. I further understand that there is no lifeguard on duty at the UAMS Facilities, that the UAMS Facilities may be unattended by staff members, and that no staff members are on duty after the hours of 5:00pm. I acknowledge the existence of this risk and expressly assume the risk of injury or harm from my participation in Exercises and use of the UAMS Facilities and its equipment, including but not limited to:

- Use of exercise equipment,
- Participation in unsupervised activities,
- Possible injury or medical disorder, such as heart attack, stroke, heat stress, sprains, torn muscles, or broken bones, and
- Accidents or injury that occur in UAMS Facilities, such as locker rooms, dressing rooms and showers.

I, including my heirs, executors and administrators, release and hold harmless the University of Arkansas, the Board of Trustees of the University of Arkansas, the University of Arkansas for Medical Sciences and its employees, successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in Exercises or use of the UAMS Facilities. I understand and acknowledge that this Release and Waiver of Liability discharges UAMS from any liability or claim that I may have against UAMS with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in Exercises or use of the UAMS Pool.

I expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas and that this Release and Waiver of Liability shall be governed by and interpreted in accordance with the laws of the State of Arkansas. I agree that if any provision of this Release and Waiver of Liability is deemed invalid, the enforceability of the remaining provisions shall not be affected.

UAMS Employee Regulations

Hours are extended via badge access to the JTSSNI building and the Therapy Pool in the basement.

- Access between 5:00 am and 9:00 pm, Monday – Friday.
- Access is for swimming pool only. No access permitted in Outpatient Therapy Clinic area.
- Ottenheimer Gym at the Reynolds Institute on Aging is available for employees 50+ during regular Community Fitness Program hours.

Sign in each visit or scan your key fob (eligible after 10 visits) at the sign in station.

Sign up for payroll draft or pay for a year in order to activate your badge to open the building and pool.

Your badge will open the pool doors during employee hours.

No guests or children allowed in fitness areas.

The UAMS Community Fitness Program is not responsible for parking fees.

Specific Water Wellness Regulations:

- **No Lifeguard on Duty**
- **Participants must wear rubber soled shoes** (to prevent slipping on wet surfaces) on the Pool Deck, in the Locker Room and in the Shower
- Coast Guard Approved Personal Floatation Devices (PFD's) are strongly recommended for all non-swimmers. Please provide your own PFD.
- Please be considerate of other participants and not block the walking track in the pool
- Shower before entering the pool or whirlpool. Handicap – accessible shower and locker facilities available
- Please bring your own towel and locks. Remove locks each day
- No open wounds or incontinence allowed in the pool
- Special medical permission is needed for anyone under 18
- If you need assistance dressing or undressing please bring a caregiver for assistance

Pool Precautions:

- **No Lifeguard on Duty**
- **CAUTION – Floors are wet and may be slippery. Wear Appropriate Footwear. No exceptions.**
- Wear Rubber soled shoes at all times on deck in locker rooms and showers.

- Enter pool by stairs or wheelchair ramp located in shallow water. Please hold hand rails.
- Row of small black tile marks edge of pool walkway
- Black Line on bottom of pool and Black and Yellow striped tape on gutters signal entering deep water
- Hold hand rails when turning corners on track in deep water
- **PFD's are strongly recommended for non-swimmers**
- Do not exceed 15 minutes in the whirlpool
- Call bell and intercom systems are available between 7:30 – 4:30
- Phone is located on wall near pool stairs
- Exercise belts are available for exercise classes

Non-Swimmer Recommendations

- Coast Guard Approved Personal Floatation Devices (PFD's) are strongly recommended for all non-swimmers. Please provide your own PFD.

Orientation will include:

- Gather Paper Work: Employee Emergency Info and Payroll Options
- Badge access, Deck 3 entrance
- Check in Area (Fobs after 10 visits)
- Locker Room
- Badge access to swimming pool
- Do not access gym. All are under surveillance