



JamiesonPlace

Jamieson Place Fitness Centre Pre-Authorized Payment Plan



Membership No
Name
Home Address
City/Province
Postal Code
Home Telephone
Business Telephone

I/we authorize Jamieson Place Fitness Centre and/or Health Systems Group Limited to charge monthly dues to my/our bank account or credit card. Jamieson Place Fitness Centre is authorized to change the amount of the monthly payment by giving the member 60 days written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change within 30 days of the written notice of change, shall be deemed to be full acceptance of such change (Initial: _____)

I/we agree to notify Jamieson Place Fitness Centre and/or Health Systems Group Limited in writing within 10 days of any change in my/our bank or credit card account. (Initial: _____)

All authorized charges are to be made on or after 15th day of each month. If any of my bank or credit card debits does not clear or is not honored by my financial institution, for any reason, I authorize Jamieson Place Fitness Centre or Health Systems Group Limited to charge against the supplied credit card or pre-authorized chequing to the amount refused or dishonored plus a \$20.00 NSF administration fee. (Initial: _____)

This authorization may be cancelled at any time upon written notice, to the Jamieson Place Fitness Centre or Health Systems Group Limited, by me/us (cancellation deadline is the **20th of each month** to be effective for month-end). (Initial: _____)

- Pre Authorized Chequing Payment
- Void Cheque Attached
- Pre Authorized Credit Card Payment

Type	Name on Card (please print)	Card #	Expiry
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Signature:
Signature:
Date:

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.



JamiesonPlace

JAMIESON PLACE FITNESS CENTRE

INFORMED CONSENT AND AGREEMENT AND RELEASE FORM

For participation in all activities at Jamieson Place Fitness Centre

Please read carefully before signing.

Date: _____

Thank you for choosing to use the activities, facilities, programs or services of Jamieson Place Fitness Centre. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following INFORMED CONSENT AND AGREEMENT AND RELEASE FORM.

I, **(PLEASE PRINT)** _____ declare that I intend to use some or all of the activities, facilities, programs and services (hereinafter called “Activities”) offered by Jamieson Place Fitness Centre. I assume full responsibility for my health and well being 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 receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the Activities of Jamieson Place Fitness Centre. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort, which may include: light-headedness, fainting, chest pain or discomfort, leg cramps, nausea, etc.

I, for myself, my heirs, executors, and administrators, release and forever discharge Jamieson Place Fitness Centre, HSG Health Systems Group Ltd., bcIMC Realty Corporation and QuadReal Property Group LP and each of their successors and assigns and each of their affiliates, directors, officers, employees, agents, member instructors and independent contractors (collectively called the “Released Parties”) from any claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property (including without limitation, under the Occupiers’ Liability Act) wherever or however caused, including, without limitation, the negligence of one or more of the Released Parties, arising out of or in connection with the use or intended use of Jamieson Place Fitness Centre.

I consent to taking all of the above noted and other risks by VOLUNTARILY PARTICIPATING in all and any fitness programs, which may or may not be designed and implemented by a qualified fitness consultant employed by Jamieson Place Fitness Centre: _____ **(PLEASE INITIAL)**.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT & RELEASE FORM in its entirety, and I have signed it voluntarily.

Signature: _____ Witness: _____

Date: _____ Date: _____

(Adapted from Fitness Standards Safety Committee, “Safety Standards” from Screening of Participants Planning to Engage in Activities and Programs Offered by the Ontario Fitness Industry. Third draft, January 1989, p.7)



JAMIESON PLACE FITNESS CENTRE



MEMBERSHIP APPLICATION (for BP Centre Tenants)

MEMBERSHIP #		SECURITY CARD #		EFFECTIVE DATE	YY	MM	DD
NAME FIRST		LAST		DATE OF BIRTH	YY	MM	DD
HOME ADDRESS			EMAIL	HOME PHONE			
COMPANY NAME			WORK LOCATION (BLDG & FLOOR NO.)	BUSINESS PHONE			
EMERGENCY CONTACT NAME			RELATIONSHIP	EMERGENCY CONTACT PHONE			

SHADED AREAS FOR OFFICE USE ONLY

CHECK APPROPRIATE BOX(es) BELOW:

- NEW MEMBER
- RENEWING MEMBERSHIP
- Employee
- Contractor
- Student

MONTHLY FEE
PRO-RATED FEE
REJOINING ADMIN FEE
INITIAL PAYMENT

****ONLY full-time occupants of BP Centre will be permitted to join Jamieson Place Fitness Centre**

CANCELLATION: Cancellation notification must be received no later than the 20th of the month to be effective for month-end. There is a four (4) month minimum membership term. Tenants must pay a \$50.00 administration fee to rejoin.

PRIVACY: Jamieson Place Fitness Centre is committed to protecting personal information by following responsible information handling practices in accordance with the provisions of the Personal Information Protection Act (PIPA) of Alberta. The member hereby gives permission for the Jamieson Place Fitness Centre or its nominees, associates, and affiliates or their employees, to collect any personal information contained in this document, maintain personal information already on file and to collect further information for the purpose of contacting the member by mail, fax, telephone and/or email.

I understand and agree to the above. _____ (initial)

PAYMENT AUTHORIZATION

I hereby authorize the Jamieson Place Fitness Centre to collect membership fees, by pre-authorized chequing or credit card payment, at the current rate. Rates may be adjusted in subsequent years with notice posted in the Jamieson Place Fitness Centre 30 days in advance. I have read and understood the terms and conditions of membership.

SIGNATURE	DATE	YY	MM	DD
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PLEASE RETURN APPLICATION **INTACT** TO THE JAMIESON PLACE FITNESS CENTRE
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

AUTHORIZED SIGNATURE	DATE	YY	MM	DD
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Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) **within the past six months**?

- A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
- B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
- C** Dizziness or lightheadedness during physical activity?
- D** Shortness of breath at rest?
- E** Loss of consciousness/fainting for any reason?
- F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ➤

YES to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ➤➤

ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)? DAYS/
WEEK
 - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity? MINUTES/
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day: MINUTES/
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see csep.ca/guidelines).



GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.
(This completed questionnaire will help the QEP get to know you and understand your needs.)

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

1 Have you experienced ANY of the following (A to F) within the past six months?	
<p>A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p>B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> YES</p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p>C Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> YES</p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p>D Shortness of breath at rest</p> <p><input type="checkbox"/> YES</p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p>E Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> YES</p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p>F Concussion</p> <p><input type="checkbox"/> YES</p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

▶ csep.ca/certifications

CSEP Certified members can help you with your physical activity goals.

▶ csep.ca/guidelines

Canadian Physical Activity Guidelines for all ages.