



MANAGED BY
healthbreak
INCORPORATED

ENROLLMENT PACKET

JOIN THE 16 CHESTNUT FITNESS CENTER TODAY! The facility has been developed and designed with the needs of employees at the worksite in mind. The fitness center includes state of the art weight and cardio equipment, the latest in fitness training and classes, and shower and spa amenities for an experience that will keep you coming back. Please take a moment to review and complete all of the member information provided in this packet. Begin today with these five easy steps:

1. Complete and sign the Pre-Activity Screening Questionnaire
2. Review Rules and Regulations
3. Read and sign the waiver
4. Bring your completed packet to the Fitness Center
5. Complete an orientation with a fitness center staff member

HOURS OF OPERATION: MONDAY THRU FRIDAY 6:00 AM TO 7:00 PM
1681 CHESTNUT PLACE, DENVER, CO 80202
303.575.6410 EXT. 231

Pre-Activity Health Screening (PASQ)

Dear Participant,

To increase the safety of our health/fitness programs and services as well as to comply with standards and/or guidelines established by major professional exercise/fitness organizations, we have all participants complete our Pre-Activity Health Screening (PASQ) process prior to participation. The major purpose of obtaining this information is to help us identify individuals who may be at risk for an adverse event during exercise and who have any medical conditions that may require medical clearance prior to participation in health/fitness activities.

Once completed, it will be reviewed by one of our qualified staff members who will determine (using pre-established criteria) whether obtaining medical clearance is necessary prior to your participation in our programs and services. Obtaining clearance from your physician may be a slight inconvenience and may delay your participation, but it is a key step that can help ensure your safety while participating in our programs/services.

All information obtained in our PASQ process will be kept private, confidential, and secure. At no time will any of this information be shared with any unauthorized individuals and it will be stored in a secure location.

Thank you for your participation in our PASQ process. We appreciate your understanding of this important process to improve your safety prior to participation in our health/fitness activities.

Sincerely,

Healthbreak , Inc.

Personal Information (please complete all sections)

Date: ____/____/____

Member ID#: _____ (first and last initial, last 4 of social security #) Badge ID# _____

Name: _____ Gender: Male _____ Female _____ Prefer Not to Specify _____

Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____

Company: _____ Job Title: _____

Email Address: _____

Work Phone: _____ Mobile Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Pre-Activity Health Screening (PASQ)

Instructions:

First, please save this form to your computer. Then, please complete this form by selecting the respective boxes in Sections 1-3 and sign/date electronically in Section 4. Upon completion, save the form **again** to your computer. Please print and return the completed form to the fitness center. Do not email this form. A qualified staff member will review and inform you if medical clearance is required prior to engaging in physical activity.

Section 1 -- Current Physical Activity

When answering the questions in this section, please note the following definitions:

Moderate Intensity: An activity that causes noticeable increases in heart rate and breathing (e.g., brisk walking)

Vigorous Intensity: An activity that causes substantial increases in heart rate and breathing (e.g., jogging)

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

_____ No _____ Yes

If yes, which of the following best describes any vigorous intensity activity in your regular routine the last 3 months?

- _____ I participate in some or all vigorous intensity activity
- _____ None, but I want to begin some vigorous intensity activity
- _____ None, and I want to continue moderate intensity activity

Section 2 – Medical Conditions

Please select any of the following medical conditions that you currently have or have had.

- _____ Heart attack
- _____ Heart surgery
- _____ Cardiac catheterization
- _____ Coronary angioplasty (PTCA)
- _____ Heart valve disease
- _____ Heart failure
- _____ Heart transplantation
- _____ Congenital heart disease
- _____ Abnormal heart rhythm
- _____ Pacemaker/implantable cardiac defibrillator
- _____ Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- _____ Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
- _____ Type 1 or Type 2 diabetes
- _____ Renal (kidney) disease



Pre-Activity Health Screening (PASQ)

Section 3- Signs or Symptoms

Please select any of the signs or symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

Section 4- Acknowledgment, Follow-up, and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

Participant's Name-Please Print

Participant's Signature

Date

Please return this form to:

16 Chestnut Fitness Center
1681 Chestnut Place, Suite 200
Denver, CO 80202

For questions:

Email: chestnutfitness@healthbreakinc.com
Phone: 303.575.6410 ext. 231

Fitness Center Rules and Regulations

1. Membership eligibility is limited to tenant employees only. Family members or children are not allowed to use the facility.
2. Prior to using the facility, all individuals must submit the required enrollment forms which include the Pre-Activity Screening Questionnaire and Waiver and Release of Liability. Based upon pre-established criteria, some individuals may be required to complete a Medical Release prior to participating. Individuals are also required to attend a fitness center orientation with a Healthbreak staff member.
3. Appropriate workout attire must be worn including shoes and shirt. Remove sharp objects prior to the use of weight equipment.
4. All members must check-in at the front desk prior to exercising.
5. All lockers are available for daily use. Members are encouraged to bring a lock and lock all personal belongings while exercising and then remove it afterwards.
6. Food and beverages are permitted only in the lobby area. Only water in non-breakable containers is allowed in the exercise areas and locker rooms.
7. Please limit the use of cardiovascular machines to 30 minutes if others are waiting.
8. Many members perform the weights in their specific order (circuit weight training). If you are using the machines in random order, please be considerate of individuals following circuit training.
9. Do not drop the weights and please return all free weight dumbbells and plates to their proper racks after use. Individuals using heavy weights must use a spotter.
10. Please wipe down all equipment after use.
11. Due to limited space in the locker rooms during peak times, please shower quickly and keep all personal belongings confined to a small space.
12. Hairdryers and other amenities are available in the locker rooms including towel service at no charge.
13. During an emergency, fitness staff will direct all members to an evacuation area.
14. Please report any incidents, injuries and/or malfunctioning equipment to the fitness center staff immediately. Do not attempt to fix the equipment yourself.
15. If terminated by an employer tenant of 16 Chestnut, your membership will also be immediately terminated.
16. The Fitness Center locker rooms are a camera-free zone. No photography, filming or live streaming of any kind is permitted within the locker room area.

Waiver and Release of Liability

In consideration of my membership and being able to use the fitness facilities and equipment located in the **16 Chestnut Fitness Center** at 1681 16 Chestnut Place, Denver, CO 80202 and any group exercise, classes or training offered therein (collectively, the "Fitness Facilities"), I hereby release, waive, discharge and covenant not to sue Healthbreak, Inc. ("Healthbreak"), Invesco Advisors, Inc., Invesco Real Estate, Chestnut Denver Inc. ("Company") and Hines Interests Limited Partnership ("HILP"), and their respective parent companies, subsidiaries, affiliates, and their partners, members, owners, officers, directors, employees, instructors, agents, tenants or contractors (collectively, the "Owner Parties"), from any and all present and future claims, losses, costs, expenses, including reasonable attorney's fees, damages, or liabilities whatsoever of any nature, including property damage, loss or theft, bodily injury or death arising out of (i) my use of the Fitness Facilities, (ii) the negligence or other acts of the Owner Parties, whether directly connected to my use of the Fitness Facilities or not, and however caused, (iii) the condition of the Fitness Facilities, or (iv) engaging in any Fitness Facilities activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby assume full responsibility for bodily injury or death due to the negligence of the Owner Parties and voluntarily waive any and all claims resulting from the same. This waiver is binding upon myself, my heirs, and my estate.

Further, I am aware that health and fitness club activities may range from vigorous cardiovascular activity (i.e., aerobics, bicycles, steppers, or basketball) to the strenuous exertion of strength training (i.e., free weights, weight machines). I understand that these and other physical activities at the Fitness Facilities involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. I am voluntarily participating in Fitness Facilities activities with knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death, and hold the Owner Parties harmless for any damages, injuries or death which may occur.

I have been advised by Healthbreak to consult with a doctor prior to commencing in any activities at the Fitness Facilities. I understand and agree that I am responsible for monitoring my own level of exercise and exertion and any risks involved in my use of the fitness facility and equipment, and that any instructors or leaders of exercise classes or programs are not responsible for such monitoring.

I authorize Healthbreak to obtain medical attention and/or services for me in the event I experience any adverse physical signs or symptoms and release the Healthbreak from any liability or claim relative to their obtaining these services. I understand that the Owner Parties are not under any obligation to obtain any such attention or services for me, and hereby release and agree to hold the Owner Parties harmless in the event that they fail to do so.

I understand and agree to read and follow all instructions for proper equipment usage and to abide by and follow all rules and regulations of the Fitness Facilities as may be adopted from time to time by Healthbreak, Company or HILP, and that my failure to comply may result in the suspension of my privileges to utilize the Fitness Facilities.

All personal property placed in the Fitness Facilities shall be placed there at my sole risk. I release the Owner Parties from all claims, damages and liabilities for any damage, loss or theft that may occur to any such personal property while located in the Fitness Facilities.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Colorado and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceeding relating to this waiver and release shall be in the City and County of Denver, State of Colorado.

I understand that the Fitness Facilities may not be staffed at all times by employees of Healthbreak, Company or HILP, and assume the risk of using the Fitness Facilities at all times, regardless of whether or not any such employees are present.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand the same and have had an opportunity to discuss the contents hereof with an attorney prior to executing the same.

Print Name _____

Date _____

Signature of Participant _____

