



# Recreation & Fitness Center Safety Waiver Assessment

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Prior to participation in the programs and the use of the Recreation & Fitness Center (RFC), a safety waiver or medical clearance is required based on the following pre-assessment statements (based on recommendations of the American College of Sports Medicine).

## Part 1— Medical Symptoms

Are you currently experiencing any of the following medical symptoms?

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, blackouts
- ankle swelling
- unpleasant awareness of a forceful, rapid, or irregular heartbeat
- burning or cramping sensations in your lower legs when walking short distances

If yes, medical clearance is required before beginning or resuming exercise at the SAS Recreation & Fitness Center (RFC).

## Part 2 — Current Activity Level

Do you currently perform planned, structured physical activity for at least 30 minutes at light to moderate intensity on at least 3 days per week for at least the past 3 months?

## Part 3— Medical Conditions

Have you had or do you currently have any of the following medical conditions?

- a heart attack
- heart surgery, cardiac catheterization, or coronary angioplasty
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- diabetes
- renal failure

If yes, and you answered no to Part 2 (Current Activity Level), medical clearance is required before beginning or resuming exercise at the SAS Recreation & Fitness Center (RFC).

If yes, but you answered yes to Part 2 (Current Activity Level), a safety waiver must be completed and you may use the RFC and continue to exercise at *light to moderate intensity*; however, medical clearance is recommended before advancing to exercise at vigorous intensity.

## Part 4— Safety Waiver

If you are not experiencing any of the above medical symptoms, do not have any of the above medical condition and have not been advised or cautioned by your health care professional against exercising or engaging in physical activity, a safety waiver must be completed and you may begin using the Recreation & Fitness Center (RFC).

I understand that if there are other issues or conditions not addressed above that may increase my risk as it pertains to physical activity, it is my sole responsibility to seek professional medical advice.

Should I desire to increase the intensity of my workout routine (or begin a new one), and have or develop any of the medical conditions listed above or display any symptoms listed above, by signing the Recreation and Fitness Center Safety Waiver, I agree to, and accept as my sole responsibility to, be evaluated by a health care professional.



## Recreation & Fitness Center Safety Waiver

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I acknowledge that:

1. Any physical conditioning and training program includes inherent risk of injury;
2. I am voluntarily participating in these activities with knowledge of the risks involved; and
3. I accept the risk associated with my voluntary participation in the programs and the use of the Recreation and Fitness Center hereby referred to as RFC.
4. I agree that I have reviewed the Recreation & Fitness Center Safety Waiver Assessment form, understand it, and have followed the recommendations (medical clearance or safety waiver) based upon my private health history.

I have not been advised or cautioned by my health care professional against exercising or engaging in physical activity such as that offered in the RFC. I represent that I am in good physical condition and have no disabilities, conditions, illnesses or other conditions that prevent me or might prevent me from exercising at, participation in or using the RFC with injury or impairment of my health.

I understand and am aware that fitness, health, and athletic activities (including, but not limited to: strength, flexibility, and aerobic exercise including the use of equipment) may be potentially hazardous. I also understand that all physical activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby assume all of the responsibilities for and risks of damage and injury, including death, and hereby release SAS Institute Inc., its parent, subsidiaries, affiliates, owners, officers, directors, partners, employees, agents, and their respective successors and assigns from any and all claims, damages, causes of action, complaints, obligations or lawsuits, of whatsoever kind and character, related in any way to the above mentioned activities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name \_\_\_\_\_ (print) Employee Number \_\_\_\_\_

**Please indicate status below (check one):**

☐ Full time    ☐ Part time    ☐ Temporary employee    ☐ Summer employee    ☐ Retiree

☐ Spouse\*    ☐ Registered Domestic partner\*    ☐ Eligible family member\* (D.O.B. \_\_\_\_\_)

*\*If you are not an employee please print the name of the employee with whom you are associated and their employee number: \_\_\_\_\_.*

All information will be collected and stored at the RFC in accordance with the SAS Global Worker Privacy Statement — <http://inside.sas.com/policies/sas-global-worker-privacy-statement/>.