



AdventHealth Payroll Deduct Addendum

Name: _____

Cost Center #: _____

Department name: _____

Badge Number and Extra Digit: _____

Employee ID #: _____

OPID: _____

Payroll Deduct Amount per pay period: _____

By signing this addendum, I agree to have the above payroll deduct amount withdrawn by Florida Hospital each pay period. I agree that I am still solely responsible for the continuance or cancellation of this agreement should I no longer be employed at Florida Hospital, whether voluntarily or involuntarily. *Human Resources will not handle any cancellations on your behalf.*

Member: _____ Date: _____

Center Representative: _____ Date: _____

It is the policy of The Health Village Fitness Center at Florida Hospital Orlando that all individuals identify potential contraindications to exercise before purchasing a membership. To help aid you in this process, we have listed the relative contraindications to exercise for you and your family physician to review. If you check YES to any of the below contraindications to exercise, we will follow up with your family physician to get approval for an exercise program. We will be glad to work with your family physician to design an appropriate exercise program for you.

Have you had any of the following?

Diabetes? Yes No If yes: Type 1 Type 2

Thyroid disorders? Yes No

Heart attack or other heart conditions? Yes No

Irregular heartbeats or skipped beats? Yes No

Other blood vessels disease? Yes No

Kidney, liver or lung diseases? Yes No

Anemia (low blood or other conditions)? Yes No

Muscular and/or skeletal problems, joint injuries, or arthritic conditions that would prevent activity? Yes No

Are you currently taking prescribed medication? Yes No

If YES please list _____

Membership Health Warranty: Member warrants and represents that they have no disability, impairment or ailment that will prevent them from engaging in active or passive exercise or that will be detrimental to their health, safety or physical condition if they do so engage or participate.

Waiver of liability: Member and/or member's guest using the facilities and equipment does so at their own risk. Management shall not be liable for any damages arising from personal injuries or damages sustained by member or guest, on, or about the premises of the club.

As a participant at The Health Village Fitness Center, I recognize that there is a possibility of accident or other physical injury. In recognition of such I agree to indemnify the Health Village Fitness Center, its staff or employees from any and all liability resulting from my participation in activities arranged by The Health Village Fitness Center.

Physician's name:
physician:

Address of physician:

Phone number of

Signature of participant:

Print name of participant:

Date:

Email Address:

Phone Number: