



## Release of Liability

In consideration of being allowed to use NextEra Energy Health & Well-Being Fitness Center facilities and equipment, and being allowed to participate in fitness and wellness program activities, I hereby release, defend, indemnify and hold harmless NextEra Energy Health & Well-Being Fitness Center, Florida Power & Light Company ("Company"), its parent, its subsidiaries and the affiliated companies of NextEra Energy, Inc. and their respective directors, officers, employees, agents/subcontractors, successors and assigns from any and all claims, demands, actions, or causes of action whatsoever, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me, during or related to

my participation in the fitness and wellness programs and use or intended use of NextEra Energy Health & Well-Being Fitness Center facilities or equipment.

I represent that I have read and understood this Informed Consent and Release of Liability and acknowledge that this release is being relied on by the Company (and, if different, my employer), and NextEra Energy Health & Well-Being Fitness Center, in permitting me to participate in an exercise program and use the NextEra Energy Health & Well-Being Fitness Center, its facilities and equipment. I understand that at any time I may review this Informed Consent and Release of Liability by requesting a copy from the NextEra Energy Health & Well-Being Fitness Center staff.

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**Participant Signature:**

**Date:**

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**Participant Name** (please print):

**Signature of Witness:**

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**Parent or Guardian Signature** (if participant is a minor):

Upon completion of all enrollment forms, return to NextEra Energy Health & Well-Being Fitness Center by inter-office mail (FIT/JB; FIT/GO; FIT/PSL; FIT/PTN), or in person. Only NextEra Energy Health & Well-Being staff will have access to the enclosed information.



## Scope of NextEra Energy Health & Well-Being Services

### Health Promotion (available companywide)

- » Wellness screenings
- » Educational seminars on various health topics
- » Nutrition/weight management programs
- » Ergonomic assessments
- » Tobacco cessation programs
- » Monthly health information
- » Volunteer wellness coordinator network
- » Healthy cafeteria meals; healthy vending items
- » Flu shots

### Fitness Centers

- » Fitness assessments
- » Exercise prescriptions
- » Group classes
- » Special promotions and contests
- » Cardiovascular and strength-training equipment
- » Team competitions

### EAP Program (available companywide)

24 hours/7 days a week confidential assistance and services in these areas:

- » Depression and anxiety
- » Stress management and work/life balance
- » Family matters, parenting and eldercare issues
- » Relationship concerns
- » Convenience services
- » Alcohol/drug problems
- » Anger management and conflict resolution
- » HR/supervisor consults and referrals
- » Fitness for duty and debriefings
- » Legal and identity theft

### Nutrition and Weight Management

- » NextEra Energy Health & Well-Being meals in company cafes\*
- » Healthy catering options\*
- » Healthy recipe samplings in cafes\*
- » Nutrition and weight loss challenges
- » Healthy vending items
- » Health coaching at health screenings
- » Nutrition presentations
- » Spark People online weight loss tool
- » Steps to Success weight management program\*
- » Diabetes prevention program\*
- » Weight Watchers
- » Nutrition counseling in NextEra Energy Health & Well-Being Health Centers\*

\* Not available at all locations

### Health Centers for NextEra Energy Employees

- » Annual physicals and well-woman exams
- » Routine primary care
- » Risk assessments and prevention counseling
- » Routine X-ray (available in Juno Beach and GO only)
- » Pulmonary function tests
- » Physical therapy (available in Juno Beach and GO only)
- » Allergy injections (available in Juno Beach and GO only)

### For more information, visit eWeb/GoHealthy, or call NextEra Energy Health & Well-Being at:

Juno Beach: 561-694-6242  
St. Lucie: 772-467-7469  
General Office: 305-552-4880  
Turkey Point: 305-246-7396  
Jupiter West: 561-904-3719



# Fitness Center

Registration Form





## Member Information

Name (First, Last):

Home Address:

City, State and Zip:

FPL Employees - Provide Personnel Number; Non-Employee - Provide Last 5 Digits of Your Social Security Number

Birthdate:

Home Phone:

Work Phone:

E-mail Address:

Emergency Contact Name:

Phone Number:

Relationship:

### Membership Type (Please check one):

☐ Employee

☐ Spouse

☐ Dependent

☐ Retiree

☐ Retiree Spouse

☐ Contractor

☐ Co-op Student

Contractors: three month minimum membership required and proof of current medical insurance.



## Employee Information

Employee Name (First, Last):

Employee Personnel ID #:

### Company (Please check one):

☐ NextEra Energy Resources

☐ Florida Power & Light

☐ FPL FiberNet

### Job Category (Please check one):

☐ Executive

☐ Non-bargaining

☐ Contractor

☐ Bargaining

☐ Co-op student

☐ Part-time

### Business Unit (please check one):

☐ Marketing & Communication

☐ Human Resources

☐ Financial

☐ General Counsel

☐ Corporate Services

☐ Information Management

☐ Internal Auditing

☐ Nuclear Division

☐ Power Generation

☐ Distribution

☐ Transmission

☐ Customer Service

☐ Engineering

☐ Construction

☐ Other: \_\_\_\_\_



## Payroll Deduction

### Please check one:

☐ New Deduction

☐ Change on Existing Deduction

Please check the deduction amount applicable to this registration:

☐ Employee \$10.00

☐ Employee +2 \$30.00

☐ Employee +1 \$20.00

☐ Employee +3 \$40.00

I hereby authorize you to deduct the amount from my paycheck bi-weekly. If I am changing my deductions, the new deductions will replace the existing deduction.

Employee Signature:

Date:

## Health History Questionnaire

This form is intended to obtain relevant information about your health that will assist the NextEra Energy Health & Well-Being staff in helping you with your fitness goals. Please answer all the questions to the best of your knowledge. All information will remain completely confidential. If you have any risk factors, you may need a medical clearance from your physician prior to participating.

### Yes No Major Risk Factor of Heart Disease

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Do you exercise less than three times per week (on average, over last 12 weeks)?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you currently have high blood pressure, or have you been diagnosed with high blood pressure in the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Do you have high cholesterol?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you currently smoke?   |

### Yes No Diagnosed Diseases

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Do you have diabetes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you experience difficulty breathing, or have you been diagnosed with a respiratory problem?<br>If yes, explain: _____         |

### Yes No Symptoms or Signs Sometimes Associated with Heart or Lung Disease

- |                          |                          |     |   |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8.  | Do you feel pain in your chest with or without physical activity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.  | In the past month, have you had pain in your neck, jaw, arms, or upper back?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Do you have any unusual fatigue or shortness of breath at rest or with mild exertion?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Do you lose your balance because of dizziness, or do you ever lose consciousness?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Do you have difficulty in breathing when lying down?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Do your ankles swell?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Have you experienced any irregular heartbeats?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Have you had any cramp-like pain in your leg or ankle swelling that develops with activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Do you have a known heart murmur?   |

### Yes No Additional Pertinent Questions

- |                          |                          |     |   |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Are you currently pregnant, or have you been pregnant in the past six months?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Is your doctor currently prescribing medication (such as water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. | Are you currently taking any medication? If yes, please list:<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. | Do you have a bone or joint problem that could be made worse by a change in physical activity?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. | Have you had an injury or illness requiring hospitalization in the past six months?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. | Do you know of any other reason why you should not engage in physical activity?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. | Are you over age 65 and unaccustomed to vigorous exercise?  |

### How did you hear about the NextEra Energy Health & Well-Being Program? Check all that apply.

- ☐ Employee
- ☐ Integrated Personal Health Team
- ☐ Marketing & Communication
- ☐ On-boarding Material
- ☐ Wellness Presentation
- ☐ Health Center Staff
- ☐ Fitness Center Staff
- ☐ Health & Well-Being website
- ☐ Other \_\_\_\_\_





## Informed Consent

I understand that, as a participant who is to be evaluated and/or given an exercise program, I will be asked to undertake physical evaluations designed to measure: (1) flexibility; (2) muscular strength and endurance; (3) body composition and (4) changes in heart rate and blood pressure before, during and after treadmill walking exercise. I understand that the screening will be conducted by, or under the supervision of, a degreed and/or American College of Sports Medicine certified health/fitness professional representing the NextEra Energy Health & Well-Being Fitness Center.

I am aware that the physical evaluation stated above is for the purposes of (1) designing a personal exercise program and/or (2) providing information on conditioning levels compared to norms. I understand that such evaluations are not intended to replace medical screening that I may require, and that NextEra Energy Health & Well-Being Fitness Center has not concluded that the exercise program is medically appropriate for me. I understand that it is my responsibility to consult with my physician regarding my fitness program participation.

I understand that I may be questioned by the NextEra Energy Health & Well-Being Fitness Center staff about my health status, and I agree to provide information relating to all medications, treatments, physical impediments and medical conditions before participating. I certify that the information I provide to the NextEra Energy Health & Well-Being Fitness Center's staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate. I agree to inform the NextEra Energy Health & Well-Being Fitness Center's staff in the event of any change in my health or medical status.

I realize it is generally recommended that all adults consult with a physician before starting a physical activity program. I further understand that the NextEra Energy Health & Well-Being Fitness Center staff may, based upon my responses to the pre-evaluation health history form, require that I consult with and obtain recommendations from a physician before participating in the evaluation or engaging in other exercise activity. I understand I may obtain from the NextEra Energy Health & Well-Being Fitness Center's staff a "Medical Clearance" form, on which my Physician's recommendations can be documented and which should be submitted to the NextEra Energy Health & Well-Being Fitness Center's staff before my evaluation. I acknowledge and agree that if I do not accurately and completely communicate my physician's recommendations to the NextEra Energy Health & Well-Being

Fitness Center's staff, I take full and entire responsibility for that decision and for any outcomes related to that decision.

I understand that the information obtained from the evaluation and through other program activities will be treated by the NextEra Energy Health & Well-Being Fitness Center's staff as confidential and will not be revealed or released to any other person, except authorized personnel for the NextEra Energy Health & Well-Being Fitness Center, without my written consent. The information, however, may be used for statistical analysis, without naming or in any way attributing this information to a specific individual. If I become ill or injured while participating in the NextEra Energy Health & Well-Being Fitness Center and require emergency service assistance, I authorize disclosure of my health and medical information on file to the attending emergency assistance personnel.

I understand that there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during such evaluations, while completing a recommended exercise program, while otherwise using the NextEra Energy Health & Well-Being Fitness Center, or while participating in any fitness and wellness program activities, at and away from the NextEra Energy Health & Well-Being Fitness Center. I voluntarily agree to submit to such evaluation procedures and to assume all risks associated with my participation in the fitness and wellness programs and my use of the facilities and equipment made available to me. I understand and acknowledge that it is my responsibility to exercise prudently and not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand that use of the NextEra Energy Health & Well-Being Fitness Center, its facilities and equipment, and participation in fitness and wellness program activities is strictly voluntary and not a requirement for employment, and that I may discontinue my participation at any time. I further understand that the Company may revoke my privileges to use the NextEra Energy Health & Well-Being Fitness Center at any time, at its sole discretion. I agree to be bound by and obey all the rules of the Company and NextEra Energy Health & Well-Being Fitness Center and its staff in my use of the facilities and equipment, and in my participation in the fitness and wellness program activities.

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Signature:

Print:

Date: