

How to Register for an Unsupervised Fitness Center

CONFIDENTIALITY: The information contained in the attached questionnaire will be held in confidence between the employee and a NextEra Health & Well-Being assigned staff member. These forms will be used solely to evaluate the safety of employees using the fitness center and should be submitted directly to NextEra Health & Well-Being. This information will not be reviewed or maintained by any employee, supervisor or site manager of NextEra Energy, Inc. or any of its affiliates.

1. Fill out the attached Registration Form, and sign the Informed Consent and Release of Liability.
2. Send the completed Registration Form/Informed Consent and Release of Liability to NextEra Health & Well-Being through one of the following:
 - fax to 561-691-3092
 - email to **FITNESS@fpl.com**
 - standard mail to NextEra Health & Well-Being Fitness Center
 700 Universe Blvd
 Juno Beach, FL 33408
3. NextEra Health & Well-Being will review your registration form, and will determine if you are cleared to use the facility, or if medical clearance from a physician is required.
4. NextEra Health & Well-Being will contact you via email and inform you on the current access status. If needed, you will be contacted directly via phone to obtain any needed information.
5. Once cleared through NextEra Health & Well-Being, you will gain access to the fitness center from NextEra Health & Well-Being or from the site supervisor (pending the access system being used at the facility).

***Entry to sites may be restricted at the discretion of site supervisors due to security restrictions of the site. Please check with your local site management to determine eligibility for access to a specific fitness center location.**

****Employees must receive clearance from NextEra Health & Well-Being before using any company provided Fitness Center equipment. Use of this equipment without the proper approval is not authorized.**



NextEra Health & Well-Being Unsupervised Site Fitness Center Registration Form

To register for one of the unsupervised NextEra Health & Well-Being Fitness Centers, **you must complete this entire form**. If you are a spouse, dependent, contractor or same gender partner you must provide proof of your current medical insurance. If you are a contractor, you must also complete the Contractor Approval Form.

All forms can be found on My HR Direct, NextEra Health & Well-Being. **Hard Copies** of these forms must be forwarded via fax or email to the following NextEra Health & Well-Being locations:

ALL NextEra locations – Fax form to 561-691-3092 or email to FITNESS@fpl.com

Direct all questions to NextEra Health & Well-Being at 561-694-6242

Name: _____
Personnel Number (employees) or ***LAST 5 DIGITS ONLY** of SSN# (Spouse, Dependent or Contractor): _____
(*Last 5 digits of SS# ONLY if needed by security to grant access to on-site facility)
Work Phone (or best number to be reached at): _____
Mail Location: _____
Work E-mail: _____

Select ONE: Employee _____ Itinerant _____
Spouse* _____ Dependent* _____ Contractor** _____

Height: _____ Weight: _____ Age: _____

Personal Physician: _____
Physician Phone Number: _____
Physician Fax Number: _____
Permission to submit medical clearance to listed physician in case of medical clearance needed?
Yes _____ No _____

*If **No**, please note that if medical clearance is needed, you will be responsible for providing a clearance form .*

Fitness Center Location: _____

This PAR-Q Section gathers relevant information about your health that will assist the NextEra Health & Well-Being staff in determining whether you can begin participating in an exercise program or would require a physician consent prior to engaging in physical activity. Please answer all questions to the best of your knowledge.
ALL HEALTH INFORMATION IS KEPT STRICTLY CONFIDENTIAL TO COMPLY WITH APPLICABLE STATE AND FEDERAL PRIVACY LAWS AND IS NOT SHARED WITH NEXTERA ENERGY, INC. OR ITS AFFILIATES.

also needs to provide copy of Health Insurance Card and Driver's License

**also needs to provide Contractor Clearance Form and copy of Health Insurance Card

Please circle **YES** or **NO**:

1. Has your doctor ever said that you had heart trouble, heart palpitation, or coronary disease?

YES NO

2. Do you frequently suffer from pains in your heart/chest upon exertion or at rest?

YES NO

3. Do you often feel faint or have spells of severe dizziness?

YES NO

4. Do you have high blood pressure?

YES NO

5. Do you have bone, joint, or back problems that have been aggravated by exercise or might be made worse with exercise?

YES NO

6. Do you smoke?

YES NO If YES, how many cigarettes per day? _____

7. Do you have diabetes?

YES NO

8. Do you have high cholesterol?

YES NO

9. Are you currently taking medication?

YES NO If YES, please name the medication and the condition for which it is being taken:

10. Are you over the age of 55 and not accustomed to vigorous exercise?

YES NO

11. FOR FEMALES: Are you pregnant?

YES NO

12. Is there anything else that might limit you from following a regular exercise program?

YES NO If YES, please comment:

13. I acknowledge that if I should experience any major health changes in my health, I will inform NextEra Health & Well-Being so that they may update my membership records.

YES NO Please Initial_____

14. 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 _____

To be completed by NextEra Health & Well-Being staff:

***2 or more risk factors_____ *Abnormal BP_____**

Cleared_____ Not Cleared, Physician Approval Needed _____



NextEra Health & Well-Being UNSUPERVISED SITE FITNESS CENTER
INFORMED CONSENT AND RELEASE OF LIABILITY

In consideration of gaining membership and being allowed to participate in the activities and programs of the NextEra Health & Well-Being UNSUPERVISED SITE FITNESS CENTER and to use its facilities, equipment and machinery, I hereby for myself, my heirs, executors, administrators, and assignees waive, release and forever discharge NEXTERA ENERGY, INC., FLORIDA POWER & LIGHT COMPANY, NEXTERA ENERGY RESOURCES, LLC, THEIR SUBSIDIARIES AND AFFILIATES, and their officers, agents, employees, representatives, and executors (hereinafter referred to as “Released Parties”) from any claim for injury, death, or damage which arises out of my participation in activities or use of equipment or machinery at said fitness center, whether or not the injuries or damages are caused in whole or in part by the ordinary negligence of Released Parties. **(PLEASE INITIAL_____)**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of exercise equipment, is a potentially hazardous activity, which can cause death or serious injury, including but not limited to, heart attack, injury to joints, tendons, muscle, musculoskeletal structure, other soft tissue and bone structure, and I also understand that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. **(PLEASE INITIAL_____)**

I do hereby further declare myself to be physically sound and free from any condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities as hereinafter stated. I do hereby acknowledge that, depending upon my risk factors, that I have been informed of the need for physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and have been given permission by my physician to participate, or that I have decided to participate in the activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **(PLEASE INITIAL_____)**

I have carefully read this informed consent and release of liability and fully understand that this is a waiver and release of liability for damage, injury, or death even where such damage, injury or death is caused in whole or in part by the ordinary negligence of Released Parties. **(PLEASE INITIAL_____)**

If any provision of this Informed Consent and Release of Liability is found by a court of competent jurisdiction to be invalid or unenforceable, such finding shall not affect the enforceability of the remaining provisions. **(PLEASE INITIAL_____)**

NextEra Health & Well-Being Data Privacy Policies and Procedures:

I understand that NextEra Health & Well-Being shall treat information regarding my personal health and medical status as confidential. I have read and agree with the terms and conditions listed above. I sign it voluntarily with full knowledge of its legal significance as well as having been advised of my

right to have an attorney review it. I acknowledge that I can request a summary of NextEra Health & Well-Being's Data Privacy Policies and Procedures and understand that I am entitled to receive a copy of the complete Data Privacy and Procedures upon request. (**PLEASE INITIAL**_____)

Date_____ Signature _____

Print Name_____