



HEALTH TRACK

System Health Facilities Membership Forms

Congratulations on your decision to join the System Health Facility (SHF) Program! You have taken the first step towards a healthier, happier you! Complete the following steps and you will be ready to go. If you have any questions, please call the Health Promotion Department @ (402) 544-2206 or (402) 544-2074

System Health Facility (SHF) Membership Procedures

1. Please fill out the Physical Activity Questionnaire.
2. Read and sign the 1) Application to Use Fitness Facility and 2) Release of Liability Form.

NOTE: Your paperwork will not be processed unless **ALL** sections are completed as required. The SHF program is available to Union Pacific employees only (i.e. Spouses and Retirees are not eligible). However, please check with the SHF in your area to find out if discounts are offered to spouse or family members. Membership costs for spouse or family members **are not** paid by Union Pacific.

3. Mail or fax forms to:

**Health & Fitness Center
1400 Douglas Street STOP 0180
Omaha, NE 68179-0180
Phone # (402) 544-2206 or 544-2074
Fax # - (402) 501-0072**

Note: Please make a copy of these forms for your records before forwarding.

4. You will be sent a SHF sticker **WITHIN 10 WORKING DAYS** to put on the back of your UPRR identification card. When entering a SHF you must show this card and sticker and then sign the UPRR sign-in sheet located at the entrance of the facility.

For an updated listing of the SHFs in your area, please log on to the Health Track Web site and choose System Health Facility (SHF)

From company computer, choose HR/Benefits, then Health Track

From home computer: <http://employees.www.uprr/emp/ec/health/facilities/index.shtml>

(Call the number above to request a paper copy of the listing)

PHYSICAL ACTIVITY QUESTIONNAIRE

Regular physical activity is fun and healthy. Current studies indicate that about 60% of the US population are sedentary and need to increase their daily physical activity. Becoming more physically active is very safe for most people. However, some individuals should check with their doctor before they increase their current physical activity levels.

If you are planning to become more physically active than you are now, or you are applying for a System Health Facilities membership, please answer the following (8) questions below. This questionnaire will determine if you should consult your doctor before increasing your current physical activity level. Common sense is your best guide when answering these questions. Please read the questions carefully and answer them honestly.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor, or under close supervision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you taking any prescription medication(s) where your doctor or pharmacist has told you that your medication may interfere with physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |

If you answered **YES** to any of the above questions, you will also need to submit a medical release form signed by a doctor before you can become a System Health Facility (SHF) member. You are encouraged to call your doctor to discuss your situation and to determine whether a visit is necessary for your doctor to sign your medical release form. To obtain the medical release form, please contact our offices in Omaha at (402) 544-2206. If you answered **NO** to all of the above questions, a medical release form **does not** need to be submitted. Finally, **all** participants must sign and return the Application to Use Fitness Facility & Release of Liability form that has been attached. Please return all completed forms to the address below for processing:

Union Pacific Railroad
1400 Douglas Street STOP 0180
Omaha, NE 68179
Attn: Stephanie Danks
Phone # (402) 544-2206

OR

return by FAX at (402) 501-0072

You will receive your SHF approval sticker after all forms have been received and processed. This sticker will allow you access to SHFs located throughout Union Pacific's 23-state area. Please call our office at (402) 544-2206 or 544-2074 or visit the Health Track page to receive an updated listing.

I have read, understood and completed this questionnaire to the best of my knowledge. Furthermore, I will assume those risks involved with my participation in a Union Pacific sponsored exercise program and will not hold Union Pacific or it's subsidiary companies responsible for any accidents that may occur.

Printed Name: _____ Employee ID OR Social Security #: _____

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____

(Don't forget to fill out the Application to use Fitness Facility & Release of Liability Form)

APPLICATION TO USE FITNESS FACILITY & RELEASE OF LIABILITY FORM

I request permission to use the services and equipment of one or more of the fitness facilities ("Fitness Facility") listed in Appendix I, hereto attached, subject to its respective rules and regulations, with which I agree to comply. I understand that the Fitness Facility has agreed to make its services and equipment available to employees of Union Pacific Railroad and Missouri Pacific Railroad (collectively "Railroad"). I further understand that the Railroad will pay the Fitness Facility a fee allowing me and other employees to use the services and equipment of the Fitness Facility, but that the Railroad does not control, inspect or supervise the Fitness Facility's services or equipment, the operation of maintenance thereof, or the use thereof, by participating employees. I further understand that there are certain risks involved in a physical exercise program and / or the use of the equipment or services of the Fitness Facility, and I have chosen to assume those risks.

My decision to use the Fitness Facility and to engage in a program of exercise is entirely voluntary and was made after completing the **Physical Activity Questionnaire**. A copy of the Physical Activity Questionnaire is attached. In consideration of the Railroad's payment of my participation fee and allowing me to use the Fitness Facility, I agree, for myself and on behalf of my executors, administrators and assigns, to release and hold harmless Railroad and the Fitness Facility, their respective parents, subsidiaries, affiliates, officers, directors and employees, from all claims, demands, injuries, damages, actions or causes of action for personal injury or death, or loss of or damage to my property, which may result from my use of the Fitness Facility, or my use of the parking facilities at the Fitness Facility, except for injuries or damage directly caused by the willful misconduct of the officers, employees or agents of the Fitness Facility.

Dated this _____ day of _____, _____.
(month) (year)

Participant Employee ID OR SSN: _____

Participant Phone: (____) _____ - _____

Participant

Signature: _____

Print Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Witness

Signature: _____

Print Name: _____

Address: _____

City: _____

State: _____

Zip: _____