



## LAC LA BICHE COUNTY POLICY

TITLE: EMPLOYEE WELLNESS	POLICY NO: CS-03-017
RESOLUTION: 18.558	EFFECTIVE DATE: MAY 1, 2018
LEAD ROLE: MANAGER, RECREATION	NEXT REVIEW DATE: MAY 1, 2019
CROSS REFERENCE: CS-03-017 EMPLOYEE WELLNESS PROCEDURE	AMENDMENT DATE:

### POLICY STATEMENT:

Lac La Biche County recognizes that its employees are one of its most important assets, and that the County should strive to be an employee of choice by providing and supporting an enjoyable and fulfilling working environment so employees can achieve a good work-life balance. A healthy and safe workforce results in a more productive workforce with less absenteeism, fewer accidents, lower health care demands, thereby creating a greater overall savings to the organization.

1. County staff will have free access to general admission and drop-in opportunities to the Bold Center, Portage Pool and Plamondon Arena.
2. County staff have free access to public swim, lane swim, public skate, fitness center, running track and field house drop-in programs.
3. The employee wellness program will be available to all permanent full time, permanent part time, casual, seasonal, temporary & active volunteer fire fighters.

“Original Signed”  
\_\_\_\_\_  
Chief Administrative Officer

April 27, 2018  
\_\_\_\_\_  
Date

“Original Signed”  
\_\_\_\_\_  
Mayor

May 3, 2018  
\_\_\_\_\_  
Date



TITLE: EMPLOYEE WELLNESS PROCEDURE

PROCEDURE NO: CS-03-017

SPECIAL NOTES/CROSS REFERENCE:

CS-03-017-EMPLOYEE WELLNESS POLICY

AMENDMENT DATE:

**PROCEDURE:**

1. Prior to accessing the Employee Wellness program, all employees must fill out a required membership form and provide the completed form to the Bold Center or Portage Pool to be entered into the registration program and receive a card for access.
2. For tracking purposes County employees will be asked to provide their pass for each visit and will follow the facility rules and regulations as any other patron to the facility.
3. Employee wellness program is only available to County employees and active volunteer fire fighters. This is not available to family or friends that attend with the employees. The County will not provide a reduced rate to County employees that purchase a family Pass. Regular family passes come with additional benefits and incentives.
4. The employee wellness program provides free access to public admission and drop-in activities. The program does not provide free access to instructor lead classes and activities within County facilities.
5. Each quarter (Jan, April, July, Oct) the County will review the eligibility requirements for the employee wellness program. Casual employees have to work more than an average of 3 hours a week. If an employee has not met the requirements they will no longer have access to the program, but can be eligible for the program once the requirements are met in a following quarter.
6. Active Volunteer Fire Fighters (calculated with availability) must attend at least 65% of the training sessions, attend at least 40% of emergency incidents. The eligibility requirements of Active Volunteer Fire Fighters will be reviewed and approved by the District Deputy Fire Chief on a quarterly basis. If a Volunteer Fire Fighter has not met the requirements they will no longer have access to the program, but can be eligible for the program once the requirements are met in a following quarter.
7. The County will track the total usage of the program after each quarter and evaluate the program on an annual basis.
8. The program is not considered a taxable benefit and will not be tracked for this purpose.

“Original Signed”  
Chief Administrative Officer

April 27, 2018  
Date



## Lac La Biche County Employee All-Access Pass Application Form

### APPLICANT INFORMATION (Please print clearly.)

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Gender  
 M  F  
 prefer not to disclose

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City/Town: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Medical info we should be aware: \_\_\_\_\_

### CANCELLING PREVIOUS MEMBERSHIP

- I have a current County Membership that I wish to cancel in order to enroll in the Employee All-Access Pass  
 Indicate what type of membership you're cancelling: \_\_\_\_\_  
 Indicate the type of payment plan you're on (check one):  Monthly  Paid up front

### MEMBERSHIP TERMS & CONDITIONS – WAIVER & RELEASE

**WARNING: BY SIGNING THIS DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.**

#### Acknowledgement of Risks, Injury & Obligations

I am aware that participation in activities associated with membership at Bold Center and/or Portage Pool involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury and death, including, but not limited to:

- (a) the use of equipment, materials or facilities related to membership activities;
- (b) the actions of negligence of myself or minor children for whom I am parent or guardian or other members of Bold Center and/or Portage Pool;
- (c) the actions or negligence of Lac La Biche County or its council, officers, employees, volunteers, agents, invitees, or representatives of any kind (collectively referred to as the "County"); or
- (d) additional risks arising out of the use of Bold Center and/or Portage Pool facilities and related events and activities.

I, the undersigned applicant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to myself and/or minor children for whom I am parent or guardian.

#### Release and Indemnity

I, the undersigned applicant, hereby agree as follows:

- (a) TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or under any statute that I and/or minor children for whom I am parent or guardian have or may have in the future against the County;
- (b) TO RELEASE THE COUNTY from any and all liability for injury, death, property damage, property loss or any other loss or expense that I and/or minor children for whom I am parent or guardian may suffer or that our respective next of kin or legal representatives may suffer as a result of participation in or use of Bold Center and/or Portage Pool, due to any cause whatsoever, including negligence on the part of the County;
- (c) TO HOLD HARMLESS AND INDEMNIFY THE COUNTY from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself and/or minor children for whom I am parent or guardian, as a result of participation in or use of Bold Center and/or Portage Pool, or any other financial loss or expenses including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and
- (d) THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON myself and minor children for whom I am parent or guardian, and our respective heirs, next of kin, executors, administrators and assigns.

Pass Holder Signature: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
*(required if more than 1 adult on membership OR Parent/Guardian for Minors)*

#### Rules and Regulations of Bold Center, Portage Pool, and Plamondon Arena

All members agree to learn and abide by all the rules and regulations set by Lac La Biche Recreation and that may change from time to time.

### FREEDOM OF INFORMATION AND PROTECTION ACT

Any personal information submitted in this application form is collected for the purpose of operating the Bold Center and/or Portage Pool and its various programs and services, registering members and processing payment for membership under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. Should you have any questions regarding the collection, use and disclosure of information submitted in this application, please contact the Manager, Legislative Services for Lac La Biche County at 780-623-1747.

### SIGNATURE

I/we wish to apply for membership. I/we, the undersigned applicant(s), hereby acknowledge that I/we have read the foregoing, and have had the opportunity to ask questions and clarifications before signing. I/we acknowledge that I/we understand its content, import and meaning and hereby do agree, approve and consent to the above, in particular with relation to the Acknowledgment of Risks, Injury and Obligations, and the Release and Indemnity. I/we have read and agree to the Membership Terms and Conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_