

## QuadMed Fitness – New Member Fitness Center Release

Member Name: \_\_\_\_\_

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Date of Birth MM-DD-YY  
(Required)

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Employee ID (Required)

### Release

As a condition to your becoming a member of the network of on-site fitness centers located at Quad/Graphics, Inc. facilities (the "Fitness Centers"), QuadMed, collectively with its parent and affiliates ("Quad") requires that you read and sign this Release:

I desire to become a member of the Fitness Centers in order to participate in athletic and physical fitness activities at the Fitness Centers (the "Fitness Activities").

QuadMed has made no determination regarding Member's ability and capacity to participate in the Fitness Activities and/or regarding the propriety of such participation by Member.

I understand that participation in the Fitness Activities may be physically demanding and potentially dangerous (and may require consultation with a physician), and further understand all risks associated with my participation in the Fitness Activities (including the risk of any injury resulting from the nature of the Fitness Activities) and the condition of the equipment and premises used in connection with the Fitness Activities, about which Quad makes no representations or warranties.

FOR MYSELF AND MY SPOUSE, HEIRS, EXECUTORS AND REPRESENTATIVES OF ANY KINDS, I HEREBY RELEASE QUAD, ITS EMPLOYEES, OFFICERS, DIRECTORS AND AGENTS FROM ANY LIABILITY WHATSOEVER FOR ANY PERSONAL INJURY (INCLUDING DISCRIMINATION, DISABILITY AND DEATH) AND DAMAGE TO MY PROPERTY ARISING OUT OF MY PARTICIPATION IN THE FITNESS ACTIVITIES AND FURTHER AGREE TO ASSUME ALL RISKS ASSOCIATED WITH SUCH FITNESS ACTIVITIES.

I acknowledge that this Release is executed by me in exchange for the opportunity to participate in the Fitness Activities. This Release shall remain in force until written revocation thereof is delivered to Quad; however, I recognize that my revocation of this Release may result in my being barred from participation in further Fitness Activities.

I HAVE FULLY READ THIS RELEASE, UNDERSTAND ALL OF ITS CONDITIONS AND AGREE TO IT OF MY OWN FREE WILL.

Member Signature: \_\_\_\_\_

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Date MM-DD-YY (Required)

Witness Signature: \_\_\_\_\_

### Minors

IF MEMBER IS A MINOR: The parent/guardian of the minor Member consents to and gives permission for participation in the Fitness Activities of said Member, and executes this Release on behalf of said minor Member.

Minor Child (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_