

QuadMed Fitness – New Member Fitness Center Release

Member Name: _____

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Date of Birth

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Employee ID

Phone Number: _____

Release

As a condition to you becoming a member of the network of on-site fitness center facilities managed and operated by Quad/Med, LLC ("QuadMed") on behalf of Greenheck (the "Fitness Center(s)"), QuadMed 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 my physical ability or capacity to participate in the fitness activities and/or regarding the propriety of such participation by me.

I understand that participation in any fitness activities at the Fitness Center(s) may be physically demanding and potentially dangerous and may require consultation with an applicable healthcare professional., Further I hereby represent that I understand all risks associated with my participation in any fitness activities at the Fitness Center(s), including any injury resulting from the nature of a fitness activities, the condition of the equipment and premises used in connection with the fitness activities, about which QuadMed makes no representations or warranties express or implied.

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

I acknowledge that this release is executed by me in exchange for the opportunity to participate in the fitness activities at the Fitness Center, as determined by Greenheck. This release shall remain in force until written revocation thereof is delivered by me in writing to QuadMed; however, I recognize that my revocation of this Release may result in me being barred from participation in further fitness activities at the Fitness Center.

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

Member Signature: _____

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Date MM-DD-YY (Required)

