



GREENHECK GROUP FITNESS CENTER MEMBERSHIP AUTHORIZATION

Drop these completed forms off at the Fitness Center or email to lworley@quadmedical.com

- ☐ Employee Solo Membership
- ☐ Employee Sponsored Spouse Solo Membership*
- ☐ Employee + Employee Sponsored Spouse Membership*

**Please allow up to 48 hours for spouse badge to get activated and delivered to Facility 6 for pick up.*

I _____, agree to the above Greenheck Group Fitness Center Membership, and to the following conditions:

- I understand my Membership/s can be canceled at any time by notifying the HR Department. Requests for refund of any prior fees collected will not be honored. After canceling this Membership Agreement, no Members hereunder will be able to become a Member of the Fitness Center again for at least 90 calendar days.
- If I am terminated, this Membership Agreement is automatically cancelled for all Members hereunder.

Employee Signature

Employee Number

Date

Employee Sponsored Spouse Name

Email (*For access notification*)

[This form is invalid without an Employee Signature. Employee Sponsored Spouses cannot sign on behalf of a Greenheck Group Employee. This form must be submitted by the Employee for any level of Membership.]

FITNESS CENTER INFORMATION:

Hours: Open 24 hours, 7 days a week

Address: 734 Ross Ave, Schofield, WI 54476

Website: myquadmed.com/greenheck

Phone: 888-261-9055

Alternative Phone: 715-679-8350



Member name: _____
DATE OF BIRTH _____ Employee # (or spouse's employee #) _____

As a condition to you becoming a member of the network of onsite fitness centers located at Greenheck (the "Fitness Centers"), the company ("GFC") 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").

GFC 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 GFC makes no representations or warranties.

FOR MYSELF AND MY SPOUSE, HEIRS, EXECUTORS AND REPRESENTATIVES OF ANY KINDS, I HEREBY RELEASE GFC, 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 HAVE FULLY READ THIS RELEASE, UNDERSTAND ALL OF ITS CONDITIONS AND AGREE TO IT OF MY OWN FREE WILL

Member signature: _____ Date: _____

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)

