



INFORMED CONSENT + RELEASE

I understand that accessing the Schweitzer Engineering Laboratories, Inc. (SEL) Wellbeing Center, including but not limited to using the exercise equipment and participating in fitness classes or other activities, is at my own risk, and I assume complete responsibility for my physical well-being in my voluntary participation. I understand that SEL recommends that I consult with a physician before I undertake any physical exercise program and that it is my responsibility to do so. I understand that the Wellbeing Center staff are not physicians and that any evaluations or instructions provided by such staff are not intended to replace any medical screening that I may require before I engage in any physical exercise. I certify that I am in good health and sufficient physical condition to properly use the Wellbeing Center. I agree to abide by all of the rules and policies of the Wellbeing Center, which may be posted at the Wellbeing Center or issued verbally, and which may be amended from time to time at SEL's sole discretion. I understand that my conduct while using the Wellbeing Center must conform to SEL policies and that SEL reserves the right to revoke membership at any time.

In exchange for being allowed to access the Wellbeing Center, I acknowledge and agree as follows:

- There are risks of physical injury associated with my use of the Wellbeing Center;
- I assume the full risk of any bodily harm or loss (including death) that may result from my use of the Wellbeing Center and participation in Wellbeing Center activities;
- I acknowledge that if I cause damage to the Wellbeing Center or any equipment, I may be held liable to SEL, at SEL's sole discretion, for its cost of repair or replacement.
- I acknowledge that SEL is not liable for any personal property that is damaged, lost, or stole while in or around the Wellbeing Center except where caused by the gross negligence of SEL;
- I release and hold harmless SEL, its officers and employees from any and all claims resulting from any injuries, illness, damage, or loss (including death) that I may sustain as a result of my use of the Wellbeing Center including participation in any Wellbeing Center activities; and

In the event of an emergency, I authorize SEL to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Further, I acknowledge that the Wellbeing Center and adjacent areas are subject to electronic monitoring at all times and I grant full permission to SEL to use any photographs, motion pictures, or recordings of the event for any purpose.

This document is binding upon me, my heirs, and my estate.

Printed Name: _____

Signature: _____

Date: _____