

EXERCISE RELEASE AND WAIVER

This Is A Release Of Liability And Waiver Of Certain Legal Rights

Ascension Genesys Health Club (AGHC) is pleased to provide virtual on demand exercise videos. We recommend you check with your physician before beginning this exercise program to minimize the risk of injury. You should also continually monitor your environment and your body, and stop exercising if you feel nauseous, shortness of breath, pain, or anything else that could indicate injury. Please read the information below to ensure you understand your actions are determined by you, and you are responsible for your actions.

ACKNOWLEDGEMENT OF PARTICIPANT

Voluntary Participation & Assumption of Risk

I am voluntarily participating in this Program. AGHC has not evaluated my environment, technique, or comfort level; I am solely responsible for my participation. I represent to Ascension that I am in proper health to participate in this exercise. I am aware of the risks associated with participating in this Program, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence. I understand all of these risks are open and obvious dangers. Nonetheless, I assume all related risks, both known or unknown, of my participation in this Program.

Release of Liability and Promise Not to Sue

In consideration for being allowed to participate in this Program, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue AGHC, its affiliates or subsidiary organizations, any Trustees of Ascension or its affiliates, subsidiaries, or any of their employees, officers, directors, volunteers and agents (collectively "Ascension"). I further release Ascension from any and all claims, including claims of Ascension's negligence, resulting in any injury, illness, or damages I may suffer because of my participation in the Program.

Agreement to Pay Claims

I agree to hold Ascension harmless from any and all claims, including reasonable attorney's fees or damage to my personal property that may occur as a result of my participation in this Program. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

Statements of Understanding

I am 18 years of age or older. I understand the legal consequences of signing this document, including (a) releasing Ascension from all liability, (b) promising not to sue Ascension, (c) and assuming all risks of participating in this Program.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Michigan. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant signature: _____ Date: _____

Participant name (print): _____