

# Normandale Lake Office Park Wellness Center

## Informed Consent and Waiver

I would like to participate in the Normandale Lake Office Park Wellness Center including its exercise programs and fitness testing. However, I understand that there may be risks associated with physical activity. Therefore, I hereby consent voluntarily, to exercise and use the wellness center at my own risk. I further agree to:

- Exercise according to my fitness level and capabilities.
- Ask for assistance from a fitness professional when using pieces of equipment or performing exercises with which I am unfamiliar.
- Stop exercising and report immediately to a fitness professional any symptoms of chest pains, shortness of breath, fatigue, or feeling faint.

I understand that the ultimate responsibility for the proper utilization of the facility and equipment is with me.

Also, in consideration of acceptance for membership into the Normandale Lake Office Park Wellness Center and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assigns, waive and forever release the Normandale Lake Office Park Wellness Center, Cushman and Wakefield U.S., Inc. and ML-AI Normandale, LLC and any companies related to them, as well as their directors, employees, and representatives and HealthSource Solutions (hereinafter "Related Parties") from any and all claims for damages or personal injury arising from such membership or use of the Normandale Lake Office Park Wellness Center facilities or equipment. I accept full responsibility for damage to or loss of clothing, equipment, eyeglasses, etc. Further, in the event of any injury, I do hereby give my permission and consent to authorize such first aid and/or medical and/or hospital care or treatment as deemed appropriate.

I have read and agree to the Informed Consent and Waiver above and will comply with all rules and regulations set forth by the administration and/or governing body of the Normandale Lake Office Park Wellness Center facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Male

Female

Company Name: \_\_\_\_\_

Building & Suite: \_\_\_\_\_

My card number is (last 5-digits) \_\_\_\_\_