

Normandale Lake Office Park Wellness Center

Informed Consent and Waiver

I would like to participate in the Normandale Lake Office Park Wellness Center. 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.
- Stop exercising and report immediately any symptoms of chest pains, shortness of breath, fatigue, or feeling faint, via one of the emergency call boxes.

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 Liberty 8400 Normandale Owner LLC, c/o Bald Eagle Commercial Properties LLC, as Court Appointed Receiver, and any companies related to them, as well as their directors, employees, and representatives (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: _____

Email Address: _____

My Access Card # (last 5-digits) _____