

Wellness Center Acknowledgment and Waiver of Liability

GreenState Credit Union allows employees and household members ages 19 and older to use the Wellness Center during scheduled hours so long as they follow all facility rules, as may be updated from time to time, and agree to the Release and Waiver of Liability statement listed below.

Acknowledgments

As a condition of using the Wellness Center, I acknowledge that the Wellness Center will not be staffed and that my use of the Wellness Center will be at my own risk. I further agree to adhere to the following rules during my use of the Center.

1. The Wellness Center may only be used during scheduled hours as posted in the Wellness Center or on GreenState Credit Union's Benefits Portal.
2. I acknowledge that my failure to follow all facility rules whether listed here or posted in the Wellness Center, may result in the loss of my privilege to use the Wellness Center.
3. I assume sole responsibility for evaluating my physical ability to use the Wellness Center. I agree to consult with my personal physician before beginning use of the Wellness Center and periodically thereafter for as long as I continue to use the Wellness Center.
4. I understand that no keycard tailgating is allowed, in other words, I will agree that I will not externally access the facility through a fellow co-workers keyless entry card.
5. I understand that an employee will be present at all times when a household member is utilizing the Wellness Center facility.

Release and Waiver of Liability

I hereby acknowledge that I have consulted with my personal physician regarding my state of health and fitness and have been advised that I am healthy enough to engage in exercise. In consideration of my use of the exercise equipment and facilities provided by the company, I expressly agree and contract on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors and associates shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge GreenState Credit Union, its insurers, employees, officers, directors and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of said equipment and facilities.

I expressly agree to indemnify and hold GreenState Credit Union harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries sustained by me.

I agree to be solely responsible for my safety and well-being. I understand that GreenState Credit Union does not provide supervision, instruction, or assistance for the use of the Wellness Center facilities and equipment.

I agree to comply with all rules imposed by GreenState Credit Union regarding the use of the Wellness Center facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that GreenState Credit Union is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I understand and agree that my use of the Wellness Center facilities and equipment is only to be undertaken on my own personal time, and that my use of the Wellness Center facilities and equipment is not within the course or scope of my employment.

I have read the foregoing waiver and release of liability and voluntarily executed this document with full knowledge of its content.

Printed name

Signature

Date