

GE Global Operations Fitness Center

INFORMED CONSENT AND WAIVER FOR FITNESS CENTER PARTICIPATION

As a participant in the **GE Fitness Center**, fitness screenings and/or exercise activities, I understand and I have been informed that my **voluntary participation** in health promotion and fitness programs and special events including, but not limited to, the use of weights, number of repetitions and use of any and all machinery, equipment, all apparatus designed for exercising, exercise videos, and the associated **facilities shall be the participant's sole responsibility** during all times of Fitness Center use. I also understand and have been informed that participation in any of the events noted above **does pose the risk of serious injury or other adverse health consequences, including death**. I agree to **self-limit my exertion through good judgment** and to **terminate any physical activity immediately, if it exceeds my personal limitations**, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. I hereby consent to, and permit emergency medical treatment in the event of any injury or illness.

If requested to obtain written consent from a personal physician, **I verify** that I have been **evaluated by a physician**, and I have been approved to participate in the programs and exercise activities as stipulated on my Physician Consent Form which is attached. If my current fitness status limits my activities, it has been indicated on my Physician Consent Form. These **limitations** have been **fully explained to me, and I understand and assume the risk** of injury and other adverse health consequences, including death, if I exceed the exercise and dietary guidelines recommended by my physician.

I understand it is my **responsibility** to seek and to continue to **receive medical evaluations** from my personal physician to determine if there are any medical conditions, medications or injuries that could limit my participation in fitness or health promotion activities. If medication has been prescribed by my physician, I understand it is my **responsibility** to discuss the effects of medication on exercise with my personal physician. **I agree to notify the staff of changes** in health status, physical injuries, hospitalizations, surgery or additional physical and medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in fitness or health promotion activities. I understand that for any new medical conditions or injuries noted above, **written consent from my personal physician** may be **required prior to resuming** activities. I understand my activities may be modified.

In consideration for my participation in fitness programs, special events, and exercise activities, **I voluntarily assume the risk** of any injury, loss and/or adverse health consequence. I, for myself, my heirs, executors, administrators and assignees, hereby **release GE, CBRE Inc., TriHealth, Inc., Bethesda Healthcare, Inc.**, and their officers, directors, employees and their affiliated entities from any and all claims, liabilities or demands of any kind arising from any injury, loss or adverse health consequence, including death, related to my participation in fitness or health promotion activities.

Subject to these conditions, I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in fitness and /or health promotion programs, exercise activities and special events.

Name of Participant (Print) _____

Signature of Participant _____ Date _____

Signature of Staff/Witness _____ Date _____

