



GREENHECK GROUP FITNESS CENTER MEMBERSHIP AUTHORIZATION

Drop these completed forms off at the Fitness Center or email to corporate.security@greenheck.com

- Employee Solo Membership
- Employee Sponsored Spouse Solo Membership*
- Employee + Employee Sponsored Spouse Membership*

**Please allow up to 48 hours for spouse badge to get activated and delivered to Facility 6 for pick up.*

I _____, agree to the above Greenheck Group Fitness Center Membership, and to the following conditions:

- I understand my Membership/s can be canceled at any time by notifying the HR Department. Requests for refund of any prior fees collected will not be honored. After canceling this Membership Agreement, no Members hereunder will be able to become a Member of the Fitness Center again for at least 90 calendar days.
- If I am terminated, this Membership Agreement is automatically cancelled for all Members hereunder.

Employee Signature	Employee Number	Date
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Employee Sponsored Spouse Name	Email (For access notification)
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[This form is invalid without an Employee Signature. Employee Sponsored Spouses cannot sign on behalf of a Greenheck Group Employee. This form must be submitted by the Employee for any level of Membership.]

FITNESS CENTER INFORMATION:

Hours: Open 24 hours, 7 days a week
Address: 734 Ross Ave, Schofield, WI 54476
Phone: 888-261-9055
Alternative Phone: 715-679-8350



Member name: _____

DATE OF BIRTH

Employee#(or spouse's employee#)

As a condition to you becoming a member of the network of onsite fitness centers located at Greenheck (the "Fitness Centers"), the company ("GFC") requires that you read and sign this release:

I desire to become a member of the Fitness Centers in order to participate in athletic and physical fitness activities at the Fitness Centers (the "Fitness Activities").

GFC has made no determination regarding member's ability and capacity to participate in the Fitness Activities and/or regarding the propriety of such participation by Member.

I understand that participation in the Fitness Activities may be physically demanding and potentially dangerous (and may require consultation with a physician), and further understand all risks associated with my participation in the Fitness Activities (including the risk of any injury resulting from the nature of the Fitness Activities) and the condition of the equipment and premises used in connection with the Fitness Activities, about which GFC makes no representations or warranties.

FOR MYSELF AND MY SPOUSE, HEIRS, EXECUTORS AND REPRESENTATIVES OF ANY KINDS, I HEREBY RELEASE GFC, ITS EMPLOYEES, OFFICERS, DIRECTORS AND AGENTS FROM ANY LIABILITY WHATSOEVER FOR ANY PERSONAL INJURY (INCLUDING DISCRIMINATION, DISABILITY AND DEATH) AND DAMAGE TO MY PROPERTY ARISING OUT OF MY PARTICIPATION IN THE FITNESS ACTIVITIES AND FURTHER AGREE TO ASSUME ALL RISKS ASSOCIATED WITH SUCH FITNESS ACTIVITIES.

I HAVE FULLY READ THIS RELEASE, UNDERSTAND ALL OF ITS CONDITIONS AND AGREE TO IT OF MY OWN FREE WILL

Member signature: _____

Date: _____