AL'S GYM APPLICATION

Release and Waiver

In consideration of my participation in exercise programs conducted by Saint Alphonsus Regional Medical Center ("Saint Alphonsus"), at any of its locations, I hereby release, waive, and discharge Saint Alphonsus, its officers, colleagues, and agents from any and all claims or liability for any injury or illness that may result from my participation in these programs, even though that liability may arise from negligence or carelessness on the part of any other person. I further release Saint Alphonsus, its officers, colleagues, and agents from any claim whatsoever on account of first aid, treatment, or service rendered to me relating to my participation in these exercise programs.

I am aware of and accept all risks associated with exercise programs and the use of exercise equipment. I understand that it is my responsibility to obtain the approval of a physician before commencing with any exercise program and state now that I have done so. I hereby agree that all use of Saint Alphonsus fitness and exercise equipment is voluntary on my part.

I further state that I have carefully read this release and understand all its terms and contents. This release and waiver is binding upon myself and my spouse, legal representatives, heirs, beneficiaries, and assigns.

I sign and execute this release and waiver voluntarily and with full knowledge of its significance on _____________________________, 20_____.

________________________________________  ___________________________
Name (please print)     Signature

________________________________________  ___________________________
Colleague Number    Department

________________________________________  ___________________________
Emergency Contact Name   Emergency Contact Phone
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To begin the month of: ____________________________, 20_______

The following information reflects the monthly fee for use of the machines, and facility for Saint Alphonsus and SAMG colleagues. A waiver must be completed for each member and must be returned with this application. The below funds will automatically be deducted via payroll, unless other arrangements are made with the contact below. NOTE: completion of process and access to gym make take up to 7 days due to clearance from security.

I understand that abuse of misuse of the gym/locker room and or its equipment will result in revocation of my membership.

Please select one of the following:

- Gym Only: ☐ $3.23 per pay period ($7 / month)
- Gym and Locker: ☐ $5.54 per pay period ($12 / month)

Please complete the following information:

_______________________________ ________________________
Name (please print)  Signature

_______________________________  _______________________
Department  Colleague Number

________________________________ _________________________
Date Email address

Please Circle: Female / Male  Phone

Submit completed applications to Corporate Health Services

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<tr>
<th>Inter-office Mail</th>
<th>Email <a href="mailto:sawellness@saintalphonsus.org">sawellness@saintalphonsus.org</a></th>
<th>Fax 208-367-6279</th>
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Questions? Call 208-367-6225

To cancel your membership YOU must notify Payroll and complete a Stop Deduction form. It is your responsibility to confirm they received and processed your request.