

# Quad/Med Fitness Recreational Release



Participant Name \_\_\_\_\_ ("Participant")  
(please print)

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Clock # (Required)

Describe Activity \_\_\_\_\_ (the "Activity")

Date(s) or Season \_\_\_\_\_

## Release

As a condition to your participation in the activity described above, Quad/Graphics, Inc., N63 W23075 Main Street, Sussex, WI 53089 ("Quad") requires that you read and sign this Release.

I desire to participate in an athletic, recreation and/or physical activity that may be held on the premises of and/or sponsored by Quad.

Quad/Graphics has made no determination regarding Participant's ability and capacity to participate in the Activity and/or regarding the propriety of such participation by Participant. I understand that I may choose to participate or decline participation in the Activity or exercise(s) within the Activity or to attend or participate in the Activity on Quad's premises.

I understand that participation in the Activity 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 Activity) and the condition of the equipment and premises used in connection with the Activity, about which Quad/Graphics makes no representations or warranties.

FOR MYSELF AND MY SPOUSE, HEIRS, EXECUTORS AND REPRESENTATIVES OF ANY KINDS, I HEREBY RELEASE QUAD/GRAPHICS, 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 ACTIVITY AND FURTHER AGREE TO ASSUME ALL RISKS ASSOCIATED WITH SUCH ACTIVITY.

I acknowledge that this Release is executed by me in exchange for the opportunity to participate in the Activity. This Release shall remain in force until written revocation thereof received by Quad at the address above, Attention: Legal Dept., which revocation shall apply prospectively only. I recognize that my revocation of this Release will result in my being barred by Quad from participation in the Activity and further athletic, recreational or physical activities.

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

Participant Signature \_\_\_\_\_

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Date (Required) MM-DD-YY

## Minors

IF MEMBER IS A MINOR: The parent/guardian of the minor Participant agrees to the terms and conditions of this Release, consents to and gives permission for participation in the Activity of said minor Participant, and executes this Release on behalf of said minor Participant.

Minor Child \_\_\_\_\_  
(please print)

Signature of Parent/Guardian \_\_\_\_\_

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Date (Required) MM-DD-YY

