WAIVER. In consideration of the Wellness Institute at Seven Oaks General Hospital (the "Institute") permitting me to participate in a program or event, I hereby release and forever discharge the Institute, Seven Oaks General Hospital (the "Hospital"), now and moving forward, on a continuous basis at any point in time at which I am a participant in an event or program, or a guest of the Institute, or the Hospital, and any and all of their servants, agents, contractors, or employees, including but not limited to any and all of the instructors of any and all health and wellness programs offered by the Institute including fitness programs, classes, use of exercise equipment and facilities as well as education on lifestyle factors, either held as live or virtual events (the "Programs") from and for any and all actions or causes of actions, claims damages, demands by me and/or by my heirs, executors, administrators or assigns, for upon, or by reason of any damage, loss, or injury (including death) to my person or property which may be sustained as a consequence of my attending at or participation in any and all of the Programs, or any other activity connected with the Institute notwithstanding any such damage, loss or injury (including death) may have arisen by reason of the negligent acts or omissions of the Institute, the Hospital, and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of the Programs.

Without limiting the generality of the foregoing, I further release the Institute, the Hospital, and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of the Programs, from any recourse which I may now or hereafter have resulting from any decision of the Institute, the Hospital, and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of the Programs.

I further state that I am in proper physical condition to participate in the Programs or any other activity connected with the Institute and am aware that participation could, in some circumstances, result in physical injury (including death). I further acknowledge that if I participate in virtual events or programs there will be no live support, nor will I receive any in-person assistance.

I acknowledge that I have not provided the Institute with any medical information on me and I have not undergone a Wellness Assessment. I acknowledge that the Institute does not possess any knowledge with respect to my current medical condition, and that I am using the Institute at my own risk.

I declare that I have read, understood and agree to the contents of this Waiver Sign In form in its entirety, and I have signed it voluntarily.

INDEMNIFICATION. (If the Guest is under the age of 18 this indemnification must be signed by a parent or guardian): In consideration of the Wellness Institute at Seven Oaks General Hospital (the "Institute") accepting me as a guest of the Wellness Institute at Seven Oaks General Hospital, the undersigned agrees to indemnify the Institute, Seven Oaks General Hospital (the "Hospital"), and any and all of their servants, agents, contractors, or employees , including but not limited to any and all of the instructors of any and all health and wellness programs offered by the Institute (the "Programs") from and for any and all actions or causes or actions, claims damages, or demands which might be made against the Institute, Hospital and any and all of their servants, agents, contractors, or employees, including but not limited to any and all of the instructors of the Programs arising out of or in consequence of the attendance or participation by the children named below in the Programs, Wellness Assessment or any other activity connected with the Institute.