

**HONDA WELLNESS CENTERS
AS MANAGED BY HEALTH FITNESS CORPORATION
DAILY GUEST CONSENT, RELEASE AND AUTHORIZATION**

I, _____, the undersigned, in my individual capacity and/or in my capacity as legal guardian of the person(s) designated as "GUEST" below, (collectively, the "GUEST") hereby make application for permission from a Honda of America Mfg., Inc. ("Honda") and Health Fitness Corporation ("HFC"), the on-site manager for the Centers for the "GUEST" to enter upon its premises and into the Watson Wellness Center at the Marysville site, the Associate Wellness Center at the Anna site, the Wellness Center at the East Liberty site, and the Wellness Center at the Performance Manufacturing Center site (collectively, the "Centers"), and to use the facilities therein for exercise and recreational purposes, for \$5.00 + tax per day. I received a copy of the Wellness Center Rules and Regulations ("Rules") and agree to follow such policy and rules. In consideration of that permission and privilege, and recognizing that exercise and recreational activities are, by their very nature, potentially dangerous and hazardous to persons and property alike, I hereby specifically agree to and acknowledge the following:

CONSENT AND RELEASE

In consideration of my use of the Centers' exercise equipment and facilities, I expressly agree and contract, that Honda, HFC and their respective stockholders, officers, directors, associates, representatives and agents, including the Center staff, shall be released and shall not be liable for any damages, claim, liability or demand of any kind resulting from any claim, liability or demand of any kind resulting from any injury, medical condition or complication, or damage or loss (including death) of any kind to any of the persons designated as "GUEST" below or to their property or any property in the possession, whether caused by the negligence of Honda, HFC or any of the persons mentioned in this Daily Guest Consent, Release and Authorization, the acts or omissions of other Center members or other third parties, or otherwise, except as otherwise prohibited by applicable law.

By the execution of this Daily Guest Consent, Release and Authorization, I accept and voluntarily assume all risks and hazards which may cause injury or medical condition or complication, including, without limitation, musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, damage or loss to myself or to my property or any property in my possession, while I or my property is in, on or traveling to or from the Center, which may occur, without limitation, as a result of the following: (a) my use of amenities and equipment at the Centers, my receipt of instruction and other services from the Centers' staff, or my participating in any activity, class, program or instruction, including an exercise program; (b) the malfunction of any equipment in the Centers; (c) the Centers staff's training, supervision, or dietary recommendations; (d) my slipping and/or falling while in or on the Centers' premises, including adjacent sidewalks and parking areas, (e) my completing a fitness assessment; (f) lost, stolen, or damaged property, on or about the premises; (g) my use of the facilities during unstaffed hours; and (f) while otherwise using the Centers.

I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet. I understand use of the Centers and participation in fitness assessments and health and fitness program activities is strictly voluntary, is not required of employees, spouses and family members, and I may discontinue my participation at any time. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that any of the persons designated as "GUEST" below sustains any personal injury or medical condition or complication either before, during or after exercise or recreation at the Center, I specifically authorize Honda and/or its representatives to do either or both of the following, should they so choose:

A. I authorize Honda, HFC and/or its representatives to voluntarily and gratuitously perform on-site treatment for the injury, condition or complication, and/or to voluntarily and gratuitously provide transportation for the purpose of obtaining treatment elsewhere. I expressly recognize that any on-site treatment will not necessarily be performed by persons having medical training, including training as emergency medical technicians, and I acknowledge that Honda and HFC have in no way represented that this treatment will be performed by persons having such training. I further understand that none of Honda, HFC nor their respective representatives who perform any on-site treatment and/or provide any transportation for the purpose of obtaining treatment elsewhere will expect or accept any remuneration for the same. Therefore, and in return for this voluntary and gratuitous treatment and/or transportation, I hereby specifically release Honda, HFC and their respective stockholders, officers, directors, associates, representatives and agents, including the Center staff, from any claim, liability or demand of any kind of any of the persons designated as "GUEST" below resulting from such treatment and/or transportation, whether caused by the negligence of the persons performing the treatment and or providing the transportation, or otherwise.

B. I also authorize Honda, HFC and/or their respective representatives to make arrangements with third parties for medical treatment for the injury, condition or complication including but not limited to emergency, laboratory, diagnostic and/or surgical treatment, and/or to make arrangements with third parties for transportation for the purpose of obtaining such treatment. I expressly give my/our consent for this treatment and/or transportation to any emergency medical services, physicians, nurses,

other medical personnel, hospitals and/or medical transportation services that Honda or HFC, in its sole discretion, may select, and I specifically agree that I will assume full responsibility for payment for such treatment and/or transportation.

I understand at certain times there will be no staffing or supervision at the Centers. I am aware that if I sustain any injury or other medical complication during my participation in activities at the Centers there will likely be no one to respond to my emergency and that Honda or HFC has no duty to provide assistance to me while I am at the Centers.

I understand that the Centers utilize audio and visual monitoring and recording 24 hours per day (everywhere except for areas where there is a reasonable expectation of privacy), including remote video access. The monitoring and recording is for security purposes but does not guarantee against any wrongdoing, injury or harm. All recording and storage will be in compliance with state and federal laws and other applicable policies of Honda and HFC.

I understand that Honda and HFC may utilize third-party vendors to assist with carrying out their duties to me as a GUEST. Personal information may be shared with those vendors, including health information, only to the extent necessary.

This Daily Guest Consent, Release and Authorization shall apply to any visits made through the last day of the month, twelve (12) months after it was signed by the GUEST as listed below.

FINALLY, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL OF THE PROVISIONS SET FORTH IN THIS CONSENT AND RELEASE, AND THAT I HAVE FREELY AND VOLUNTARILY CHOSEN TO AGREE TO THE SAME. This Daily Guest Consent, Release and Authorization shall be binding upon the heirs, administrators, executors and assigns of all of the persons designated as "GUEST" below.

<u>GUEST</u>			
Print Name	Sign Name	Date of Birth	Date
Street Address	City, State and Zip Code		

If guest is under the age of 18:

Parent/Guardian Signature	Relationship to Guest	Date:

<u>HOST CENTER MEMBER</u>			
Print Name	Sign Name	Associate Number	Date

<u>REPRESENTATIVE OF HONDA OF AMERICA MFG., INC. AND HEALTH FITNESS CORPORATION</u>		
Print Name	Sign Name	Date