



IncredibleBank

EMPLOYEE - RELEASE OF CLAIMS IN REGARD TO FITNESS CENTER

IncredibleBank provides a Fitness Center, which includes exercise equipment, for its employees to utilize at its 327 North 17th Avenue, Wausau, Wisconsin location. IncredibleBank permits employees to utilize the Fitness Center and its equipment at no cost.

I understand that I will be using the Fitness Center and its exercise equipment at my own risk. Therefore, in consideration for permitting me to utilize the Fitness Center, at no cost, I, on my behalf and on behalf of my heirs and assigns, forever and fully release and discharge IncredibleBank, its subsidiaries, affiliates, firms, corporations, employees, officers, and agents, from any and all claims, demands, causes of action, and liabilities of whatever kind or nature, including negligence and personal injury claims, whether known or unknown, any sickness/costs related to a pandemic with respect to my use of the Fitness Center and or its exercise equipment, and any injuries which I may sustain while utilizing those facilities. I also release the same named parties with regard to any and all claims and causes of action in regard to the loss or damage to any of my personal property while utilizing the Fitness Center.

I understand that for certain time periods that I may wish to utilize the Fitness Center, IncredibleBank may be closed and no other individual may be in the building or a limited number of individuals may be in the building. I assume any risk relating thereto and release the above-named parties with regard to any claims or causes of action related thereto.

Prior to using the Fitness Center and its equipment, I recognize that I should consult with my physician in regard to my physical ability to safely use the equipment and any physical limitations with regard to my use of the equipment. While using the Fitness Center, I agree to abide by the attached Fitness Center Rules.

I have entered into this Release of Claims freely and voluntarily. This Release of Claims shall remain in effect until revoked by me in writing.

Date: _____

Employee Name (print)

Employee Name (signature)