

PLEASE RETURN COMPLETED FORM TO ABBOTT NUTRITION PERFORMANCE CENTER
Please allow three business days for badge to be activated.

Name (printed) _____ UPI # _____

I am: An Abbott Employee _____ OR AN Abbott Contractor _____

Request Access for: ANPC _____

Abbott Nutrition Performance Center ("Center")
Informed Consent & Release of Liability

1. I acknowledge and understand that there are risks associated with exercise, the use of equipment and participation in the related facilities and activities of the Center. I hereby accept such risks and take full responsibility for my decision to utilize the Center and any related consequences.
2. I request to begin my membership in the Center as of the date below. In addition, I understand that:
 - It is recommended that I consult with a physician before starting a physical activity program.
 - The Center is not a medical facility and does not review any medical files or ask for medical documentation of its participants prior to using the Center or attending any program(s).
3. All participation in exercise testing, instruction and prescription is optional.
4. I understand to follow any Abbott Guidelines whenever Masks are Required Initials Here
 - I will wear a Mask in ANPC in all required areas. Only removing the mask while in designated areas where approved in accordance with all current Abbott Guidelines. In accordance with all current Abbott Guidelines
 - I will sanitize all equipment & work-out space **before and after** usage & return all equipment to proper storage locations.
5. The Center will not be held responsible for the treatment or compensation for treatment of any injury arising out of the use of the Center or any related fitness program beyond those benefits for which you are eligible under the Abbott Benefits Plan.
6. The undersigned declares that he or she is a voluntary participant in using the Center and hereby waives and relinquishes all right to workers' compensation benefits under O.R.C. 4123.01 (C) (3) for any injury or disability related to voluntary use of the Center.
7. I understand that no protected health information will be published from the Center's programs. De-identified data may be published without my prior consent.

Participant Name: (Please Print) _____

PARTICIPANT SIGNATURE: _____ **DATE:** ____/____/____

Acknowledged by Center Representative:

_____ Date: ____/____/____

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**ABBOTT NUTRITION DIVISION, ABBOTT LABORATORIES,
ABBOTT NUTRITION PERFORMANCE CENTER (“Center”)**

The Center is available to full-time and part-time Abbott employees and contractors to allow them the opportunity to improve and/or maintain their overall quality of life. Please take advantage of this fine facility and make a commitment to a healthy lifestyle.

Abbott Nutrition Performance Center Membership Information

1. Employees must sign the attached Informed Consent and Release of Liability.
2. Employees may bring a lock for lockers to be occupied during Center hours only.
3. Return completed forms to the Center, if permanently assigned to Franklin County.
4. Once the form is received, employees based in Franklin County will have their badge activated within three business days of processing. Abbott employees not assigned to a Franklin County Site will need to receive an access pass at the Security Reception Building at Ross Park each time they wish to use the Center.
5. Employees must wear the proper apparel when exercising shoes sweatpants and T-shirt. Shorts may be worn if they are long. Employee may wear spandex pants with a long T-shirt or another pair of shorts over them.
6. Anyone bench pressing must have a spotter at all times.
7. Employees are not permitted to bring guests or family members to use the Center.
8. Failure to comply with above rules will result in loss of employee’s privilege to use the Center.
9. Members of the Center must clean and maintain equipment after use.
10. Employees must abide by all posted rules of conduct and use.
11. Please be aware that the Center is not staffed during all hours of availability.

Participant Name: (Please Print) _____

PARTICIPANT SIGNATURE: _____ **DATE:** ____/____/____

Acknowledged by Center Representative:

_____ Date: ____/____/____

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