OUTDOOR GROUP FITNESS LIABILITY WAIVER AND RELEASE FORM

I, ______________________, acknowledge that this outdoor Equinox group fitness class (the "Outdoor Class") involves strength, flexibility, aerobic, cardio and other exercises, including the use of equipment, all of which can be potentially hazardous activities. I also acknowledge that all or part of the class will be held outdoors, which carries additional risks, including, but not limited to, those caused by terrain, facilities, temperature, weather, environment, vehicular traffic, lack of hydration and actions of other people, including but not limited to, participants, pedestrians, spectators and instructors.

I am voluntarily agreeing to participate in the Outdoor Class and I hereby agree to expressly assume and accept any and all risks of injury, physical harm or death. I acknowledge and represent that I am physically sound and I do not suffer from any illness, impairment, disease or other condition that would prevent me from participating in the Outdoor Class, performing any exercises or using any equipment.

In consideration of being allowed to participate in the Outdoor Class, I do hereby knowingly and voluntarily, on behalf of myself and my heirs and assigns, forever waive, release, discharge and hold harmless Equinox Holdings, Inc. and its subsidiaries and affiliates, the Chicago Park District and members of the Chicago Park District Board, and each of their respective officers, directors, employees, agents, representatives, and each of their respective successors and assigns, individually and collectively, from any and all liability, damages, losses, suits, demands, causes of action (including, without limitation, negligence) or other claims of any nature whatsoever, including, without limitation, any losses for property damage, personal injury or death, arising out of or relating in any way to my participation in the Outdoor Class and its related programs and activities or my use of any facilities, equipment or machinery in connection with the Outdoor Class.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the Outdoor Class.

I represent and acknowledge that I have read and understand this Outdoor Group Fitness Liability Waiver and Release. The invalidity, in whole or in part, of any portion of the above paragraphs will not affect the remainder of this form. My voluntary execution of this form evidences my agreement to the terms, provisions, waivers and releases as set forth above.

____________________________
Signature:

____________________________
Print Name:

Date: ______________________