



World Headquarters
 and SAS Americas
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Consent and Release

To be completed by the prospective participant.

If you plan to have your health check completed at the SAS Health Care Center you do not need to complete this form.

I, _____, desire to participate in fitness, health, and athletic activities sponsored by or conducted at the Recreation and Fitness Center of SAS Institute Inc. I understand that as a condition of my participation in such activities, SAS Institute Inc. requires that I undergo a health screening test. I understand that undergoing a health screening test does not mean that my risk of injury, damage or even death is in any way lessened. I also understand that I may have this physical examination performed by one of SAS Institute's health care providers or by a health care practitioner of my own choice.

I understand and am aware that fitness, health, and athletic activities (including, but not limited to: strength, flexibility, and aerobic exercise including the use of equipment) may be potentially hazardous. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby assume all of the responsibilities for and risks of damage and injury, including death, and hereby release SAS Institute Inc., its parent, subsidiaries, affiliates, owners, officers, directors, partners, employees, agents, and their respective successors and assigns from any and all claims, damages, causes of action, complaints, obligations or lawsuits, of whatsoever kind and character, related in any way to the above mentioned activities.

Read Carefully Before Signing. This is a Release.

Participant: _____

Signature _____

Print Full Name _____

Date _____