

## **South Plains Financial Inc. Wellness Program Consent Form**

**By clicking I agree, I acknowledge that I may voluntarily choose to participate in a program of progressive physical exercise which can enhance my musculoskeletal and cardio respiratory systems. I also acknowledge that I have been informed of the possible strenuous nature of exercise and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. I also fully understand that I should, and it would be in my best interest to seek the approval and consent of a licensed physician prior to participating in any exercise, fitness plan, or weight loss program. I assume all risk for my health, body, and well being and hold harmless of any responsibility for my health, body, and well-being South Plains Financial, Inc.; including but not limited to any subsidiaries either wholly owned, or in part, or operated by South Plains Financial, Inc. in which the wellness/fitness program is held; as well as its agents, consultants, representatives, and/or employees, and South Plains Financial, Inc. I understand that questions about exercise procedure(s) and recommendations are encouraged and welcomed. I have had the opportunity to ask questions regarding any and all of the wellness/fitness program, weight loss programs, or any other program(s) that are part of the Wellness Program of South Plains Financial, Inc.**