

MEDTRONIC VSP ACTION TEAM ACTIVITY RELEASE

I understand that before undertaking any program of physical activity, I should consult with a doctor and undergo a physical examination if the doctor so recommends. I agree that my participation in the Medtronic action team activity I have selected is voluntary.

On behalf of myself, I agree to release Medtronic, Inc. and any of its subsidiaries, successors, employees, retirees, and agents, from any and all claims for damages due to any injuries incurred as a result of my participation in the Medtronic VSP action team activity at **Event on Date** or as a result of my participation in any program sponsored by the action team, excepting such rights and causes of action which by law may not be released or waived. I recognize that Medtronic did not train or certify my action team leader and that Medtronic agrees only to provide the support set forth in the action team guidelines.

I HAVE READ THIS RELEASE, UNDERSTAND, AND AGREE TO THE TERMS STATED

Participant 1 _____	Participant 4 _____
Participant 2 _____	Participant 5 _____
Participant 3 _____	Participant 6 _____