

CAMI ASSEMBLY EMPLOYEE FITNESS ASSOCIATION

APPLICATION FORM

The fitness facility located in the CAMI plant is operated by the CAMI Assembly Employee Fitness Association (the "Association"). In order to use the facility, you must make an application to, and your application must be approved by, the Board of Directors of the Association. To make an application, please complete the application form and return it to one of the three directors of the Association (their names are posted outside of the fitness facility). Your application will be reviewed by the Association within thirty calendar days of its submission and once a decision on your application has been made you will be notified.

Name: _____ GMIN Number: _____

Address: _____

Telephone: _____ Shift: _____ Department: _____

Application

I hereby make application to become a member of the CAMI Assembly Employee Fitness Association (the "Association"). If my request for membership is approved by the Board of Directors of the Association I agree to (i) pay the quarterly membership fees established by the Association when due and (ii) comply with the Constitution, by-laws, rules, regulations, policies, and agreements of the Association during the period of my membership (copies of which are posted in the Association's fitness facility). I understand that a minimum of three months' notice is required to cancel my membership.

Acknowledgement, Release and Indemnity

I acknowledge and agree that my membership in the Association and my use of its fitness facility is voluntary and at my own risk. I acknowledge that neither CAMI Automotive Inc. ("CAMI"), nor General Motors of Canada Company ("GMCC") is operating or responsible for the fitness facility operated by the Association and instead that it is respect of any injury or loss that I might suffer as a result of my use of the fitness facility operated by the Association. I further acknowledge that the fitness facility operated by the Association is an unsupervised facility at all times and the Association does not provide any personal training services or otherwise provide any fitness related advice to its members.

I agree, on behalf of myself, my heirs, executors and administrators (collectively, the "Releasors") that none of CAMI, GMCC, or their respective employees or the Association or its directors or officers (collectively, the "Releasees" shall be liable for any injuries or losses that I may suffer as a result of my membership in the Association or my use of the fitness facility operated by the Association and I hereby irrevocably and unconditionally release, remise, and discharge the Releasors from any and all claims that any of the Releasees may bring in respect of any such injuries or losses.

Medical Treatment Authorization

If, in the course of my use of the fitness facility operated by the Association, I am injured, and first aid treatment is voluntarily or involuntarily administered to me by any CAMI or GMCC employee I hereby agree that such treatment will have been administered to me voluntarily with my full consent and I shall not hold any of the Releasees liable for administering such first aid treatment to me.

Consent

I consent to the Association delivering a signed copy of this application to CAMI and GMCC and understand and agree that the Releasors are relying on this Application.

Dated this _____ day of _____, 20_____.

Print Applicant's Name

Signed by Applicant

The above membership application was approved by the following members of the Association's Board of Directors on the _____ day of _____, 20_____.

Print Directors Name:

Print Directors Name:

Print Directors Name:

(At least two director signatures required)