PARTICIPANT RELEASE AND WAIVER OF LIABILITY AGREEMENT

	BILITY (the "Agreement") is entered into on
, 20 by and between known as "Participant") in favor of Unstoppable Fit	("Releasor" also
known as Farticipant) in favor of Chstoppable Fit	ness 303, LLC (Gym).
my voluntary decision to participate in the physical by ("Trainer"), which shall hereby forever release Unstoppable Fitness 365 LI respective members, managers, directors, offic representatives, heirs, assignees, and any parent, substrom any and all loss or damage, claim, action or demext of kin, spouse and legal representatives now ha or property loss or damage related to my presence indemnify, save and hold harmless the Releasees from action, loss, liability, damage, expenses or cost they	test, and consent to the following: as consideration of exercise, training classes, and other activities offered take place at and make use of the Gym's facilities, I.C., and, including but not limited to, each of their ers, employees, volunteers, agents, contractors, sidiary or affiliated entities (collectively "Releasees") and that I, my assignees, heirs, distributes, guardians, ve, or may have in the future, for harm, injury, death at and use of the Gym facilities. I further agree to m and against any claims, demands, actions, causes of may incur, including reasonable attorney's fees and cilities and whether caused by the negligence of the
use of the Gym Facilities and equipment, and that p including by not limited to physical injury, strain, dis dangers posed by willful or negligent conduct of my Acts of God, and/or action outside of the control of	bility to carefully evaluate the risks inherent with the participating in physical exercise involves such risks, accomfort, the possibility of serious injury or death, the self and/or others, including the Releasees, or by any the Releasees. As such, I have fully considered such injuries or other medical incidents arising from my
exercise. I further represent that I have no medical therein; should I have any medical conditions or condobtained clearance to participate in such activities.	to use the Gym facilities and participate in physical condition that would prevent my safe participation cerns, I have consulted with a healthcare provider and I hereby consent to receiving any necessary medical the Gym facilities and any equipment therein and agreement.
Further, I agree to abide by all rules, regulations, an proper use of equipment, following safety guidelines	d policies of the Gym and my Trainer, including the , and respecting other patrons and staff.
Agreement with legal counsel or have knowingly de (ii) that my failure to review this Agreement with leg	T. I hereby declare that (i) I have reviewed this clined the opportunity to review it with such counsel, gal counsel shall in no way impair the legally binding read this Agreement, fully understand and voluntarily in.
Signature:	Printed Name: