FIT LAB ROCKPORT, LLC

916 HWY 35 South Rockport, TX 78382 (Physical address)

Waiver and Release

I acknowledge that I have voluntarily chosen to participate in physical exercise and/or a fitness activity program. I further agree that use of Fit Lab Rockport LLC's facilities, programs, and services shall be undertaken at my sole risk. Fit Lab Rockport LLC shall not be liable for any injuries, accidents, or death occurring to me; including those resulting from negligence of Fit Lab Rockport's facilities, programs and services.

I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly releases, waive, and agree not to sue Fit Labe Rockport LLC, its affiliates, officers, directors, agents, or employees for all such claims, injuries, damages, or causes of actions, including those resulting from Fit Lab Rockport LLC's negligence, arising directly or indirectly from my participation in, or use of Fit Lab Rockport's facilities, programs, and services.

I agree to abide by the rules of Fit Lab Rockport LLC.

I declare that I am not under a physician's care for any conditions contraindicating exercising safely and that I am physically able to participate in physical activity.

Furthermore, I acknowledge that if a Fit Lab Rockport LLC Fitness Professional advises me to obtain a physician's clearance for physical activity that I should not participate in any form of physical activity without a physician's clearance.

Name (please print):	Date:
Signature:	Date:
Staff Witness:	Date:

I have read and understand Fit Lab Rockport LLC's facility rules.

Initial:_____ Date:_____

Per my Personal Health History, I expressly assume all risk for my health and wellbeing associated with participation in physical activity without having a physician's clearance.

Initial:_____ Date:_____

I have read, understand and will adhere to the policies and guidelines of my member agreement with Fit Lab Rockport LLC.

Initial:_____ Date:____