

CLIENT RELEASE FORM

RELEASE AND WAIVER OF LIABILITY FOR USE OF FITNESS FACILITY OR PARTICIPATION IN EXERCISE PROGRAM

Exercising may lead to bruises, sprains, muscle pulls, cardio respiratory problems, stress fractures, paralysis, heart rhythm abnormalities and other serious physical injuries, including death. All of the above named risks apply to you when you use the Fitness Facility or participate in related physical exercise programs (collectively, the "Activities") sponsored by Stonegate Senior Living & Lifetime Wellness, LTD. You should consult with a physician prior to participating in any of the Activities.

READ THE FOLLOWING RELEASE CAREFULLY BEFORE SIGNING

I acknowledge that (a) Stonegate Senior Living, Lifetime Wellness, LTD and GYIS, INC has advised me to consult with a physician prior to engaging in any of the Activities; (b) I am in good health and in proper physical condition to engage in the Activities; (c) participation in the Activities may involve serious risks, including serious bodily injury or death; and (d) these risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities take place, or the negligence of the Releasees (defined below).

I assume full responsibility for any risk of bodily injury, death, or other losses arising out of my participation in the Activities, whether caused by the negligence of Releasees or otherwise.

I release, waive, and fully discharge Stonegate Senior Living & Lifetime Wellness, LTD, its directors, officers, agents, and employees (collectively, "Releasees") from all liability for any and all loss or damage on account of injury to person or property or resulting in the death of the undersigned arising out of or related to the Activities, whether caused by the negligence of Releasees or otherwise.

By signing this document, I agree to waive, release, and discharge GYIS, INC its agents, officers, principals, employees and contractors for any and all claims, actions or damages of any kind resulting from participating in Get You In Shape's programs.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND UNCONDITIONALLY.

Employee Signature

Printed Name

Date