

WAIVER OF LIABILITY AND ASSUMPTION/ACKNOWLEDGEMENT OF RISK

By signing this WAIVER OF LIABILITY AND ASSUMPTION/ACKNOWLEDGEMENT OF RISK, I hereby acknowledge that I have voluntarily entered into a program with **Ladies Commit to Fit, LLC**, (hereinafter "Company"). I further acknowledge that my relationship with Company will involve, *inter alia*, physical exercise and other physical and life coaching instruction.

In consideration for the opportunity to participate in the services provided by Company, I voluntarily agree to assume all risks involved in my participation in the program. I hereby expressly release, waive, discharge and agree to hold harmless, for any and all purposes, Company, its agents, employees, assigns, independent contractors and principals from any and all liabilities, claims, demands or injuries that may be sustained by me as a result of my participation in the program. I further expressly agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating in the program. I further expressly agree to indemnify and hold harmless the Company, its agents, employees, assigns, independent contractors and principals, for any loss, liability, damage or cost, including court costs and attorney fees, that may occur as a result of my participation in this program.

I acknowledge that any coaching and/or instruction that is provided by Company, its agents, assigns, employees, independent contractors or principals, is not therapy and does not substitute for therapy or medical assistance and does not prevent, cure or treat mental disorders and/or medical disease. I further acknowledge that it is my exclusive responsibility, to the extent necessary, to seek any needed independent professional guidance from mental health and medical professionals.

Lastly, I acknowledge and agree that Company, its agents, employees, assigns, independent contractors and principals have made NO guarantees, representations, or warranties of any kind or nature, express or implied, with respect to the services to be provided by this program. And I attest that I am currently not restricted from participating in physical exercise.

This Waiver, and any disputes that may arise between me and Company is governed by the laws of the State of Washington.

Signed by _____ (participant) _____ (printed name),

this ____ day of _____, 20____.