

REVOLUTION FITNESS, LLC
GUEST WAIVER - AGREEMENT

Revolution Fitness, LLC agrees to allow the following individual(s) to utilize the normal services of its facility as a guest during normal business hours, subject to the terms and conditions of this agreement.

Name(s): _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Email: _____

I agree and understand that I use the Revolution Fitness facility at my own risk. No employee or owner of Revolution Fitness, LLC shall be responsible for my safety while using the Revolution Fitness facility. I hereby release Revolution Fitness, LLC, its employees and members from any liability concerning my health and understand that it is my responsibility to seek the approval of a physician concerning the health risks associated with doing various exercises and my ability to exercise. I also accept the responsibility for my personal safety and well being and release Revolution Fitness, LLC for any injuries I may sustain as a result of using said facility. I have read, understand and agree to follow all rules of Revolution Fitness, LLC and release said facility from any liability for injuries I may sustain as a result of not following said rules.

I understand that it is my personal responsibility to keep up with all personal belongings and I hereby release Revolution Fitness, LLC from all liability for lost, stolen or damaged personal property.

Revolution Fitness, LLC reserves the right to terminate my use of it facility for any violation of the rules of the facility or for any other valid reason.

This agreement is made and entered into in Lamar County, Mississippi, and shall be interpreted and governed by the laws of the State of Mississippi.

This agreement constitutes the entire understanding of the parties. There are no other verbal agreements, offers and contracts that would serve to modify this agreement.

I have read this agreement and fully understand the terms and conditions contained therein.

EXECUTED this the ____ day of _____, 20 ____.

GUEST: _____

MANAGEMENT: _____

Referred by : _____