PARTICIPANT RELEASE FORM

I, ________________________________ , desire to voluntarily participate in the LIFESTEPS® Weight Management Program (hereinafter referred to as “LIFESTEPS”). In connection with my participation in the LIFESTEPS program activities, I acknowledge and agree as follows:

1. LIFESTEPS, Inc., a non-profit corporation formed under the laws of the State of Nevada (hereinafter referred to as LS, Inc.) has taken appropriate measures to assure that the LIFESTEPS program contains scientifically accurate information. However, LS, Inc. makes no representations or warranties with respect to the fitness of the LIFESTEPS program for all individuals or the weight loss of individual participants following the recommended regimen of diet and exercise.

2. I have been informed by LS, Inc. that it is recommended that before participating in the program, I consult with my own physician to ensure that the LIFESTEPS program is consistent with my health needs.

3. I currently have no medical, physical or emotional condition that might interfere with or prevent my participation in the LIFESTEPS program.

4. My participation in the LIFESTEPS program is at my own risk. I release LS, Inc., its respective affiliated companies, licensees, successors, and each of their respective officers, agents, and all others connected with the LIFESTEPS program, from any and all claims in any way arising out of or resulting from my participation in the LIFESTEPS program, including, without limitation, any and all claims, and liabilities for injury, loss or damage to me, to anyone else or to any property, regardless of whether such injury, loss or damage was caused by the negligence of LS, Inc. or any of its respective officers, agents, or anyone else connected with the LIFESTEPS program.

__________________________________________  _______________________________________
(Participant Signature)                       (Date)

__________________________________________
(Printed Name)