



## PARTICIPANT RELEASE FORM

I, \_\_\_\_\_, desire to voluntarily participate in the **LIFESTEPS**<sup>®</sup>: 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)