



## Just Lean In, Inc. Participant Release Form

Please read this form carefully. Note that by signing this waiver and release and participating in the activities described below, you will be expressly assuming the risk and legal liability and waiving and releasing Just Lean In, Inc. ("Just Lean In") of all claims for injuries, damages, or loss which you might sustain as a result of any and all activities connected with and associated with the Activities.

**Client Name:** \_\_\_\_\_

*JUST LEAN>IN* strongly recommends that you consult with your physician before beginning any exercise and fitness program. You should be in good physical condition and be able to participate in the exercise. *JUST LEAN>IN* and its coaches are not licensed medical care providers and represent that we have no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition.

You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury. If you engage in our exercises, you agree that you do so at your own risk, are voluntarily participating, assume all risk of injury to yourself, and agree to release *JUST LEAN>IN* and its coaches from any and all claims or causes of action, known or unknown, arising from our program.

Our meal plans are formulated for maximum health, wellness and weight loss. Know that these meal plans are for informational purposes and users should speak with a dietician or their medical doctor before following them. This program may not be appropriate for everyone, certain medical diagnoses may put clients at risk or even cause death. Our program is not intended to be a substitute for professional medical advice, diagnosis or treatment. Do not rely on information from our coaches to replace the advice of your medical professional physician.

*Just LEAN>IN* ([justleanin.com](http://justleanin.com)) is not responsible or liable for any advice, diagnosis or any other information, services or products that you obtain through this program. You are encouraged to consult with your doctor. After reading articles, watching videos or reading other content from this program, you are encouraged to review the information carefully with your medical provider before making any decisions about your health and well-being.

I, the above-named participant, am 18 years of age or older, and am voluntarily participating with JUST LEAN IN of my own free will and without any promise or remuneration, compensation, or benefits, including insurance. I acknowledge that within the course and scope of my activities as a participant, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health, including any injury or death, and property that may occur while I am acting within the course and scope of the Activity as a participant or otherwise participating in the Activity. To the best of my knowledge, I can fully participate in this activity.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Just Lean In, Inc., their officers, servants, agents, and employees (hereinafter referred to as RELEASEES), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating or otherwise participating in the Activity, or while in, on or upon the premises where the Activity is being conducted or in transportation to and from said premises.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees they may incur due to my participation in said Activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Participant Release Form shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE above named RELEASEES.

I further understand and acknowledge that JUST LEAN IN is not an insurer of my personal safety or property. I UNDERSTAND THAT JUST LEAN IN WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN. I also understand that I should and am urged by JUST LEAN IN to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the Activity or the transportation to and from said Activity.

I further agree to become familiar with the rules and regulations of JUST LEAN IN and not to violate said rules or any directive or instruction made by the person or persons in charge of said Activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

I also give permission to be photographed by JUST LEAN IN, project partners, or the media for use in printed materials, through the internet or through other media outlets.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Participant Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I understand this Participant Release Form will be construed in accordance with the laws of the state of Texas.

Signature of  
Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Just Lean In, Inc.

Representative \_\_\_\_\_ Date: \_\_\_\_\_