

SWATPT

RELEASE OF LIABILITY

I, _____, reside at
_____, _____, Texas,
Zip Code _____

In consideration of the physical fitness training regimen being given to me, I hereby fully release, waive, forever discharge, and covenant not to sue SWAT FITNESS INC, its owners, officers, directors, employees, agents, contractors, representatives, servants, and heirs and assigns (referred to hereinafter as "Releasee") for any loss, damages, or claims for personal injuries, whether caused by the negligence of Releasee or otherwise, directly or indirectly arising from participating in the physical fitness exercise regimen known as SWATPT.COM.

I represent to SWAT FITNESS INC that I am in good physical condition and good health, have recently been seen by my physician, and am taking SWATPT.COM knowingly at my own risk. I assume full responsibility for any risk of personal injuries due to the negligence of Releasee or otherwise.

I agree that no representations have been made regarding the success of SWAT FITNESS INC to me except those expressly stated in the Release of Liability.

I have read all of the terms of this instrument and understand that I am voluntarily signing a complete release and bar for any claims resulting from any injuries suffered as a result of participating in SWAT PT.COM at any time.

Print Name _____

Signature _____ Date _____

E-mail address _____

Home Phone: (_____) _____

Work Phone: (_____) _____