

# Staycation Fitness

## XPT EXPERIENCE

### Agreement of Release, Waiver of Liability, and Payment Contract

I, \_\_\_\_\_ (client), hereby agree to the following:

1. That I am participating in a training offered by StaycationFitness., an XPT Experience, during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the program. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the program.

3. In consideration of being permitted to participate in the fitness program, I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the fitness program 'XPT Experience', I knowingly, voluntarily, and expressly waive any claim I may have against Staycation Fitness, Leann Rominger Scott, the property at 746 Vista View Ln. 78624, for injury or damages that I may sustain as a result of participating in the XPT Experience clinic.

5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Leann Rominger Scott, Staycation Fitness, property at 746 Vista View Ln. 78624 or any of its members for any injury or death caused by their negligence or other acts.

6. I understand and give Leann Rominger Scott, Staycation Fitness., the right to use any video or images of my fitness training, running, interactions, or any type of training for commercial or promotional use on Staycation Fitness, LeannBeanMachine, Staycation Pools and Outdoors, XPT LIFE channels and websites.

I have read the above agreement of release, waiver of liability, and payment contract and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date