



WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

NAME: _____ DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: (_____) _____ - _____ CELL (_____) _____ - _____

EMAIL: _____ MALE FEMALE

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

I, _____, as a guest at VISION HEALTH & FITNESS, INC. d/b/a VISION SPORTS CLUB, (hereinafter "Vision") hereby agree that I hereby waive any and all claims which I have or might have or which might arise against Vision, related to my use of any of Vision's resources, including, but not limited to its facilities, equipment and parking area. In addition, I hereby agree that I will indemnify and hold Vision harmless from and against any and all losses, liabilities, claims, actions, damages and expenses, without limitation, howsoever they might arise, that may be incurred by Vision arising out of my use of the Club facilities, including but not limited to its facilities, equipment and parking area.

SIGNATURE: _____ DATE: ___ / ___ / ___