



Town Sports International, LLC



Waiver and Release Agreement

I acknowledge that I have signed up to participate at a program being held at a fitness club operated by Town Sports International, LLC (the "Activity"). I understand that the Activity may involve strenuous physical activity that could be hazardous and, as such I fully recognize the dangers associated with participating in this Activity. I FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.

I have no physical or medical condition which, to my knowledge, would endanger others or myself, or would interfere with my ability to participate in the Activity.

I am signing this waiver and release in consideration of the permission extended to me by Town Sports International, LLC, to participate in the Activity. I acknowledge and accept that participating in the Activity is good and valuable consideration.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "successors") I HEREBY WAIVE, RELEASE, DISCHARGE, TSI nor its affiliates and subsidiaries and its and their respective employees, agents, contractors and representatives (collectively, the "Releasees") FROM ANY AND ALL CLAIMS relating to my participation in this Activity. I agree to hold the Releasees harmless from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, this agreement and/or my participating in the Activity.

I hereby grant full permission to Town Sports International, LLC to use photographs, videotapes, motion pictures, or any other record of this event including my name, likeness, and voice for any legitimate purpose.

I hereby certify that I have read and understand this document and accept all rights and responsibilities created herein.

Printed name of participant _____ Date of Birth _____

Printed name of parent or guardian for minor _____

Phone (home) _____ (cell) _____

Email _____

I wish to receive periodic special offers from the Sports Clubs Network.

Member Nonmember

Address _____

City _____ State _____ Zip _____

Emergency contact _____ Phone (home) _____ (cell) _____

Signature of participant, parent or guardian

Date