

Functional Fitness Test Waiver

Waiver I hereby release and forever discharge Tivity Health, Inc., its subsidiaries and affiliates and their respective officers, directors, members, partners, employees and agents (collectively, the "Released Parties"), from and against any and all liability, including all claims, demands, and causes of action which I may have against the Released Parties, arising out of my participation in the Functional Fitness Test. I further acknowledge and agree that the Released Parties have not made and expressly disclaim any warranty, representation, or guarantee, whether express or implied in fact or in law, with respect to the Functional Fitness Test.

Name (Please print.)

Signature ()

Date

Date of birth

ZIP Code

Phone number

Email

SilverSneakers ID number (if available):

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