

RELEASE FORM

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I hereby hold harmless and release and forever discharge FINAFLEX (Redefine Nutrition) from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature

Date

Printed Name

Date

PLEASE FAX TO 206.426.3538

OR

PLEASE SCAN AND EMAIL TO:
COMPLIANCE@REDEFINENUTRITION.COM