ADVOCARE INTERNATIONAL, LP WORKOUT SERIES PARTICIPANT AGREEMENT

In consideration of the undersigned participant being allowed to participate in the Activity listed above:

I ACKNOWLEDGE and AGREE to the following:

I, the undersigned, seek to voluntarily participate in the AdvoCare International, L.P. ("AdvoCare") workout series, Can You 24 ("Activity"). I acknowledge and understand that my participation in the Activity is voluntary.

I further acknowledge and understand that the Activity may involve risks, dangers and potential hazards, both known and unknown. In recognition of these risks, I confirm that I am physically and mentally capable of participating in this Activity and agree that I am responsible for my welfare and that I accept any and all risks of unanticipated events, damage to my personal property, accidents, illness, injury, emotional trauma or death.

In consideration for my participation in the Activity, I hereby release and discharge AdvoCare, its officers, directors, members, employees, agents, Independent Distributors, suppliers and staff ("representatives") involved in promoting, conducting or otherwise coordinating the Activity from and against any and all claims, liability or damages to me or my property arising from my participation in the Activity. I further agree to indemnify and hold AdvoCare and its representatives harmless from and against any and all claims, demands, liabilities, damages or losses arising from any act or omission by me during the Activity. I understand and acknowledge that AdvoCare and its representatives are not responsible for any negligent or willful act or omission by any third party over whom AdvoCare and its representatives have no control.

This Agreement and any disputes arising hereunder shall be governed by and construed under the laws of the State of Texas. I further agree that jurisdiction of the state and federal courts in Collin County, Texas shall have exclusive venue and jurisdiction from any dispute arising from or relating to this agreement in any way.

I agree and acknowledge that this release shall be binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all the risk of participation in the Activity and to release AdvoCare and its representatives from any and all liabilities to the maximum extent permitted by law. I understand that my participation in the Activity is contingent upon acceptance by AdvoCare of this signed participant agreement. I agree that if any portion of this document is found to be void or unenforceable, then the remaining portions shall remain in full force and effect. I acknowledge and affirm that I have carefully read and fully understand the contents and legal ramifications of this agreement. By signing below, I acknowledge that I have voluntarily agreed to the terms contained herein and that any questions I had prior to signing this document have been answered to my satisfaction.

Signature of Participant **Date**