

Well Balanced Massage

Full-body Assisted Stretching Waiver of Liability

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____

Current Injuries _____

Prior Surgeries _____

PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In the effort to provide a service to encourage you in the pursuit of your health and wellness pursuit, this form reminds you that it is your responsibility to make certain that this stretch program is the right one for you.

STRETCHING INVOLVES PHYSICAL ACTIVITY THAT CAN RESULT IN SERIOUS INJURY. MANY HEALTH PROFESSIONALS RECOMMEND THAT INDIVIDUALS THAT PARTICIPATE IN STRETCHING ACTIVITY COMPLETE A PHYSICAL EXAM OR HAVE A DOCTOR'S APPROVAL PRIOR TO BEGINNING ANY STRETCHING PROGRAM AND STRONGLY URGE ALL PARTICIPANTS OVER THE AGE OF 45 TO HAVE A PHYSICAL EXAM PRIOR TO BEGINNING ANY STETCHING PROGRAM.

1. I warrant that I am in good health and have no pre-existing medical conditions that would affect my ability to participate in stretching activities, and that I have notified Well Balanced Massage of any-and-all pre-existing medical conditions that I have.
2. I understand that the storage of valuables is at my own risk and I voluntarily and knowingly accept and assume such risk.
3. I agree that if equipment is defective, I will not use it and I will report its condition to a staff member of Well Balanced Massage.

4. I hereby accept and assume all risks existing in this activity and understand that possible injuries that may occur during or as a result of this activity include, but are not limited to, contusions, muscle strains, sprains and tears, neck and back injury, paralysis, and even death.
5. My participation in this activity is purely voluntary and I elect to participate regardless of the risks.
6. I understand that I should obtain a physician's approval before participation in any stretch program or stretching activities.
7. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Well Balanced Massage, its members, managers, employees, agents, instructors, representatives, and any other persons involved with the stretch program's activities, either directly or indirectly, from any responsibility or liability of any nature to me for any personal injuries or death, as well as any-and-all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Well Balanced Massage's equipment or facilities, including any such claims which allege the negligent acts or omissions of Well Balanced Massage.
8. I hereby covenant not to bring any action legal, equitable, or otherwise, or to make any claim of any nature whatsoever, including negligence or the failure to exercise reasonable or slight care, against Well Balanced Massage, its members, managers, employees, agents, instructors, representatives and any other persons involved with the stretch program's activities, either directly or indirectly, for any personal injury of injuries, including death, which I might sustain while engaging in stretch program activities.
9. Should Well Balanced Massage or anyone acting on its behalf be required to incur attorney fees and/ or costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and/or costs.
10. I hereby execute this release with the intent to be legally bound hereby for myself and on behalf of my heirs, administrators, parents, spouses, children, executors and assigns.
11. I understand that I am fully and solely responsible for any-and-all medical expenses that I might incur as a result of my participation in any of the stretch program's activities.
12. I knowingly and voluntarily make these covenants, releases and waivers, and with full knowledge and understanding of any-and-all risks involved in stretch program activities and expressly agree to accept and assume those risks.
13. I further make these covenants, releases and waivers with the intent to bond myself, my executors, heirs, administrators, parents, spouses, children and assigns to the fullest extent.

By signing this document, I acknowledge that the information provided by me is accurate and truthful. I have read the PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RIGHTS waiver document in its entirety on the back of this page and fully understand and accept, knowingly and voluntarily the terms contained within these documents.

Signature	Printed Name	Date