

Waiver and Release of Liability

In consideration of Well Body PT's agreement to treat, instruct, assist and train me, I hereby agree to hold harmless Well Body PT2, its respective representatives, agents and assigns from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected to my participation in any and all of the activities, use of equipment, or any and all acts or omissions by Well Body PT2 and its representatives. This waiver and release of liability includes, but is not limited to, (a) Injuries and changes to myself and/or others that may occur as a result of (i) equipment that may malfunction or break, (ii) any and all defects, latent or apparent, in the design or condition of equipment; and (iii) any and all slips, falls or dropping of equipment.

Miscellaneous:

- a.) I acknowledge and agree with no warranties or representations have been made to me regarding the results I will achieve from this program I understand results are individual and may vary.
- b.) I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waiving any right, I or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against Well Body Pt2, its respective representatives and/ or assigns.
- c.) I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress. I further represent and warrant no social relationship exists between Well Body PT2 and me or if a social relation exists, for purposes of my training sessions, Well Body PT2 and I have assumed a strict business relationship and I understand any social relationship does not render this waiver invalid. These exculpatory clauses are intended to apply to all activities occurring during the time for which I am being treated by Well Body PT2.

Participant's name (please print clearly)

Date: _____

Participant's signature

Date: _____

Parent/guardian signature (if participant under age 18)

Date: _____

By Well Body PT2