

Therapy Room Liability Waiver

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF RIGHTS.

By signing in the space provided below, I expressly agree to the following:

Acknowledgement

I hereby acknowledge and agree that Natural Living Chiropractic (NLC) offers a variety of Therapy Amenities to guests solely at their own risk. **I understand and acknowledge that NLC makes no claims as to the safety, results or the appropriateness of any program, activity and/or treatment for any particular individual.** Furthermore, I understand that NLC reserves the right to exclude any person from utilizing the Therapy Amenities and/or participating in any activity or treatment at the Spa for any reason whatsoever. I further acknowledge and agree that use of Therapy Amenities may involve a high degree of risk and at times may be hazardous to my health. I expressly agree to assume all risk associated therewith and agree to forever waive any and all claims and legal rights which I may have whatsoever, to the extent permitted by law, in connection with my use of the Therapy Amenities. I understand that before participating in health related program I should consult my physician and in the event my health condition changes while I am using the Therapy Amenities, I agree to consult with my physician prior to resuming any and all Therapy Amenity activities. I understand and agree that all suggestions and/or instruction made by NLC staff concerning exercise, nutrition or any Spa treatment are neither diagnostic nor prescriptive and that I should verify the same with my physician and I will evaluate such instructions and/or suggestions independently. Notwithstanding the foregoing, I warrant and represent that I am in good health and that I am able to use the Therapy Amenities without limitation.

Consideration

In consideration of using the Therapy Amenities, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless NLC, its subsidiaries and affiliates, and its respective representatives; officers, directors, owners, contractors and employees, (collectively the "Released Parties") from any all claims and causes of action which I (or the below-mentioned participant and/or minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation death or property damage or loss sustained in connection with my use (or the below-mentioned minor's use) of the Therapy Amenities including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend and hold harmless the Released Parties from any and all claims brought by third parties arising out of my (or the below-mentioned minor's) acts, errors or omissions. I hereby authorize NLC personnel to call for medical assistance for me or the below-mentioned minor and to transport the same to a medical facility or hospital in the event of an emergency. I further agree to be responsible for all costs and expenses associated with any such medical care and/or related transport and I hereby indemnify and hold harmless the Released Parties of and from any such costs. I agree to abide by all rules and regulations as may be established from time to time by the Spa.

- If I consume alcohol while using the Therapy Amenities I represent and warrant that I am over the legal drinking age of 21 years old and will not remove any open alcoholic containers from NLC premises. I acknowledge that alcohol consumption may impair my ability to function properly, which may result in HAZARDOUS actions on my part.
- If I am executing this Release of Liability and Waiver of Rights on behalf of a minor (at least 13 years of age), I warrant and represent that I am the minor's parent or legal guardian.

Patient / Minor Name _____ Date: _____

Telephone Number: _____

Patient or Parent/Guardian Signature: _____