



**Inspire Health & Performance, LLC
INFORMED CONSENT WAIVER AND
RELEASE OF LIABILITY**



In consideration of participating in the Training / Rehabilitation offered by Inspire Health & Performance, LLC (the “Company”) and its Certified Trainers (the “Training”), I, _____, understand and acknowledge that this Informed Consent Waiver and Release of (“Release”) shall govern my Training / Rehabilitation at all locations at which the Training / Rehabilitation occurs:

1. It is my responsibility to discuss any concerns about my health with my physician before participating in Training / Rehabilitation, and to obtain my physician’s consent prior to beginning my Training / Rehabilitation.
2. It is my responsibility to fully disclose my medical history to my Certified Athletic Trainer before participating in Training / Rehabilitation. This disclosure includes, but is not limited to, all injuries, surgeries, medications, supplements, and medical or health-related conditions or illnesses.
3. Training / Rehabilitation includes the use of various types of equipment. Prior to participating in Training / Rehabilitation it is my responsibility to inspect the facilities and equipment and to notify my Certified Athletic Trainer or other staff member of any unsafe equipment and/or facilities. If the unsafe equipment and/or facilities are not remedied to my satisfaction, it is my responsibility to refuse to participate.
4. I am fully aware of risks and hazards connected with the Training / Rehabilitation, including the risk of injury to my neck, back, spine, shoulders, knees or other parts of my body, and I hereby elect to participate as a voluntary participant in the Training / Rehabilitation and to engage in such Training / Rehabilitation knowing that the activity may be hazardous to me. If I am an athlete and professionally Training / Rehabilitation to compete, I am fully aware that the risks and hazards noted in this Paragraph 4 are highly probable, they will occur and they are a natural part of an aggressive Training / Rehabilitation program and I accept such risks and hazards as part of my Training / Rehabilitation.
5. I understand that while the Company will take steps to maximize safety, Training / Rehabilitation / Transportation includes an inherent risk of serious injury, including economic loss, property damage, serious physical injury, permanent disability, or death (collectively “Injuries”). I further understand that this risk may arise from my negligence; or the negligence of the Company, its employees, independent contractors, or other participants; equipment malfunction; the condition of the premises; or other causes.
6. Regardless of the cause of the Injuries, for myself and on behalf of my heirs, assigns, personal representatives and next of kin:
 - (a) I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, HARM, LOSS, AND/OR DEATH THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH TRAINING / REHABILITATION / TRANSPORTATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY, EMPLOYEES OR INDEPENDENT CONTRACTORS ASSOCIATED WITH THE COMPANY, OTHER PARTICIPANTS, EQUIPMENT MALFUNCTION, THE CONDITION OF THE PREMISES, OR OTHER CAUSES;

b) I covenant not to file suit against, and I release, waive, and discharge the Company, Company's employees, independent contractors, trainers, members, managers, assistants, volunteers, officers, agents, participants, lessors and all others (collectively referred to as the "Company's Agents") from any and all liability to me, my heirs, next of kin, administrators, successors and assigns, for any and all claims, demands, actions and causes of action of any sort for losses or damages on account of injury, damages or death, caused or alleged to be caused, whether in whole or in part, by negligence of the Company or the Company's Agents.

(c) I further agree to indemnify, defend and hold harmless the Company and the Company's Agents from any loss, liability, damage, claim or costs, including court costs and attorney's fees, that they may incur due to my participation in the Training / Rehabilitation / Transportation, whether caused or alleged to be caused, whether in whole or in part, by negligence of the Company or the Company's Agents.

7. I fully understand that the Company's staff members are not physicians. Knowing this, I hereby consent to their rendering temporary aid in the event of any injury or illness, and if deemed necessary, to call a doctor and to seek medical help, including transportation to a health care facility or hospital and I release the Company and the Company's staff members, from any damages or injuries arising from these actions.

8. I acknowledge that I have choices to select Training / Rehabilitation with other providers and trainers and that I have selected Inspire Health & Performance, LLC as my Training / Rehabilitation provider of choice and I freely enter this Informed Consent Waiver, Release of Liability and Assumption of Risk to receive the Training / Rehabilitation.

9. I certify that I am 18 years of age or OVER. _____.

OR

I certify that I am UNDER 18 years of age. _____.

I certify that I am the parent or guardian with legal responsibility for this participant. I do consent and agree to the Release, as provided above, and for myself, our family, my heirs, successors, assigns and next of kin, I release and agree to indemnify and hold harmless the Company and the Company's Agents from any and all liabilities incident to my minor child's involvement or participation in Training / Rehabilitation as provided above.

10. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AND I FULLY UNDERSTAND IT. I UNDERSTAND THAT BY SIGNING THIS I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, DURESS OR COERCION. THIS RELEASE SHALL BE IN FULL FORCE AND EFFECT FOR ALL TIMES I RECEIVE TRAINING / REHABILITATION FROM THE COMPANY

Participant's signature

Date

Parent Printed Name (If Participant is under 18 years of age)

Parent's Signature

Date

Inspire Health & Performance, LLC Witness:

Date