



IKIER WELLNESS

Osteofitness and Massage Therapy

Waiver of Liability and General Release

I acknowledge that I am a willing participant in the Osteofitness™ program.

An unavoidable risk of serious injury will always exist when participating in any cardiovascular exercise, interval training, or strength training routine, despite the implementation of all reasonable precautions by Instructor. Not all hazards and dangers can be foreseen. There are significant risks of injury associated with participation in any exercise, including but not limited to: abnormal blood pressure; broken bones; fainting; lightheadedness; heart rhythm disorders or irregularities; knee, back, or foot injuries; muscle strains, pulls or tears; stroke; heart attack; or even death. Certain prescribed medications may exacerbate those physiological changes and create an even greater risk of physical injury or death.

I acknowledge that I am physically able to walk unassisted. I understand that non-adherence to form instruction and recommendations by instructor(s) could result injury, for which the instructor is not responsible. I willingly disclose any medical conditions which may impact my participation in Osteofitness™ and acknowledge that failure to do so may result in injury for which the instructor is not responsible.

I hereby agree and covenant, on behalf of myself, my heirs, my personal representatives, my executors, assigns and insurers (collectively, "Releasor Affiliates"), to release, acquit, hold harmless, waive and forever discharge the Ikier Wellness Center and their respective officers, directors, members/managers, employees, contractors, parents, subsidiaries, affiliates, representatives, and agents (collectively, "Releasees") from any and all claims, demands, damages, debts, costs, fees, obligations, loss, expenses, compensation, actions or causes of action whatsoever, of every nature, character and description, whether known, unknown, discovered, undiscovered, suspected or unsuspected (collectively, "Claims"), arising on account of, or in any way related to my participation in Osteofitness™. On behalf of the Releasor Affiliates and myself, I further agree not to file any claim, lawsuit or other proceeding against the Releasees for any Claim.

By signing this document, I acknowledge that I have read and understood waiver.

Printed name _____ **Signature** _____

Date _____