

WAIVER OF LIABILITY

Waiver of Liability:

I understand that my participation in ARTS Wellness Program activities, including but not limited to use of gym, massage services, nutritional counseling, personal training and any related activities or services, is strictly voluntary and is not a requirement of Arthritis and Rehabilitation Therapy Services (ARTS) nor Arthritis and Rheumatism Associates, P.C. (ARA). In consideration of being permitted to participate in any activities associated with the Wellness Program, I, my heirs, personal representatives or assigns, do hereby release, waive, and discharge ARTS, ARTS Wellness Program, ARA, its shareholders, Board of Directors, officers, agents, administrators, employees, and any participating instructors or clinicians from any and all liability for any and all claims relating to loss, damage or destruction of personal property or to personal/bodily/mental injuries sustained as a result of my participation in the Wellness Program, any claims arising from the negligence of Arthritis and Rehabilitation Therapy Services, ARTS Wellness Program, ARA, its shareholders, Board of Directors, officers, agents, administrators, employees, and any participating instructors.

I further agree to follow any limitations in activity and /or equipment use required for my safety. I have inspected the various facilities and programs offered by the Wellness Program and am fully aware of the dangers and risks of injury inherent in my participation. I understand that the risks normally associated with the use of any exercise program and fitness equipment are increased for anyone who is injured, physically compromised, or under medication and I accept full responsibility for my participation in the program.

I am aware that I should consult with a physician before I undertake any physical exercise programs and /or any associated activities to the Wellness Program.

Acknowledgement of Understanding:

I have read this waiver of liability and fully realize the risks associated with the exercise program and the fitness equipment and I intend this to be a complete release of ARTS, ARTS Wellness Program, ARA, its shareholders, Board of Directors, officers, agents, administrators, and employees from any liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING RELEASE AND I AM SIGNING IT FREELY AND VOLUNTARILY.

CLIENT NAME (PLEASE PRINT)

WITNESS NAME (PLEASE PRINT)

CLIENT SIGNATURE

WITNESS SIGNATURE

DATE

DATE