



5553 West Pico Blvd, Los Angeles, CA 90019 // (323)930-Well (9355) // fax (323)930-9375

Agreement and Release of Liability of Live Well Chiropractic and Pilates Center

- 1) In consideration of being allowed to participate in the activities and programs of Live Well Chiropractic and Pilates Center. And to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Live Well Chiropractic and Pilates Center, Matthew B.T. Gloin, D.C., Stephen P. Gavin, D.C., and David Kattan, M.D., their officers, agents, employees, representatives, executors and all others. Live Well Chiropractic and Pilates Center from any and all responsibilities or liabilities from injuries or damages arriving out of or connected with my attendance at Live Well Chiropractic and Pilates Center, my participation in all activities, my use of equipment or machinery, or any act of omission, including negligence by Live Well Chiropractic and Pilates Center representatives.

(Initials ____)

- 2) I understand and am aware that strength training, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Initials ____)

- 3) I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activities and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation, activities and utilization of equipment and machinery in my activities.

(Initials ____)

Date _____ Printed Name _____

Signature _____ Telephone _____

Guardian Signature (If participant is under 18)

Email _____