

INFORMED CONSENT AGREEMENT AND WAIVER OF LIABILITY

As a condition to, and in consideration of, my use of Rx Sports Recovery center, including the exercise and recovery equipment, located in the building having the street address of 541 West Highlands Ranch Parkway, Suite 103, Highlands Ranch, CO 80129. I have agreed to execute this Informed Consent Agreement and Waiver of Liability (this "release") for Rx Sports Recovery and its members and employees. I hereby certify, covenant and agree as follows:

1. I am in good physical condition and am able to use the facilities and equipment at Rx Sports Recovery. I am not aware that I have any medical condition or symptoms that would prevent me from participating in, or increase my risk of health problems arising out of activities or utilization of equipment at Rx Sports Recovery.
2. I understand that Rx Sports Recovery has an attendant available for assistance with the recovery equipment but he/she does not have any expertise in diagnosing, examining or treating medical conditions, and no representatives to the contrary have been made to me. Notwithstanding the foregoing, I acknowledge that the attendant or employee, but shall not be obligated to, administer first aid to me in the event that they shall deem an emergency to exist, and I hereby grant my permission to the administering of first aid in such circumstances and agree that I will be solely responsible for any medical costs and expenses which may arise as a result thereof.
3. I understand that my use of Rx Sports Recovery, including any equipment and/or the facilities located therein, presents the risk of physical injury or death, and/or loss of or damage to my personal property. I assume this risk and agree that my use of Rx Sports Recovery shall, at all times, be at my own risk. I, on behalf of myself, my heirs and personal representatives, hereby knowingly and voluntarily agree to waive and release owner and owner parties from any liability, loss, cost, damage, expense, claim or suit whatsoever (collectively, "claims") for any and all injury, loss, illness, harm, cost, expense, claim, suit, or damage resulting from or related to my use of Rx Sports Recovery or the equipment and facilities located therein. I further agree to agree to indemnify and hold harmless owner and all owner parties from and against any and all third party claims arising as a result of my use of Rx Sports Recovery.
4. I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties names for liability for injury or death of any person and damage to property cause by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.
5. Please answer the following questions:
 1. Are you equipped with a cardiac pacemaker, defibrillator, or other implanted metallic or electronic devices? Yes / No
 2. Are you epileptic? Yes / No
 3. Have you recently been a victim of an acute trauma (less than 6 months)? Yes / No
 4. Have you recently been subject to a surgical procedure? Yes / No
 5. Do you have blood flow deficiency in your lower limbs? Yes / No
 6. Is the region you want to stimulate injured or suffering from any type of medical condition and or being monitored by a doctor or therapist? Yes / No
 7. Do you have and abdominal or inguinal hernia? Yes / No
 8. Do you suffer from cancer? Yes / No
 9. Are you pregnant? Yes / No
 10. Do you suffer from cardiac problems or diseases? Yes / No
 11. Do you have any of the following conditions?
 - Acute pulmonary edema? Yes / No
 - Acute thrombophlebitis? Yes / No
 - Acute congestive cardiac failure? Yes / No
 - Acute infections? Yes / No
 - Deep Vein Thrombosis? Yes / No
 - Episodes of pulmonary embolism? Yes / No
 - Where increased venous and lymphatic return is undesirable? Yes / No
 - Bone fractures or dislocations? Yes / No

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND SIGN IT KNOWINGLY, VOLUNTARILY, AND OF MY OWN FREE WILL.

Participants Name: _____ Date: _____

Participants Signature: _____

Parent/guardian's name (please print): _____

Parent/guardian's signature (if the participant is under 18 years of age): _____