

Liability Waiver Form and Photo Release

To the best of my knowledge, I am in good physical condition to participate in this exercise program and will participate at my own ability. I am fully aware of the risks and hazards connected with the participation, including physical injury or even death, and hereby elect to voluntarily participate.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this educational/exercise experience.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Allstar Therapies, their affiliates, officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Pennsylvania.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Additionally, by signing below, I DO consent to photography and video filming and understand that all photographs, video takes, film footage or recordings taken of me by agents of Allstar Therapies, Inc., may be used by the company for the purposes of illustration, advertising, publications and promotions on social media.



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