



Downtown Gilbert Healthcare
Triad of Health LLC

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ (“Participant”) HEREBY AGREE TO THE FOLLOWING:

Participant is aware that participation in a sport or Yoga may result in accident or injury, and participant assumes the risk connected with the participation in a sport or Yoga and represents that participant is in good health and suffers from NO physical impairment which would limit their use of Downtown Gilbert Healthcare’s facilities OR has notified Downtown Gilbert Healthcare of any medical conditions. Participant specifically agrees that Downtown Gilbert Healthcare, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind resulting from or related to participant’s use of the facilities or participation in any sport, exercise or activity within or without the club premises, and participant agrees to hold Downtown Gilbert Healthcare harmless from same.

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Date

SIGNATURE OF PARTICIPANT

IF PARTICIPANT IS UNDER 18:

As Legal Guardian of _____, I consent to the above terms and conditions.

Date

Signature of Parent/Guardian of Participant

323 South Gilbert Road Suite 119, Gilbert, Arizona 85296 Ph: 480.219.6354

info@downtowngilberhealthcare.com

www.downtowngilberhealthcare.com