

LIABILITY WAIVER AND ASSUMPTION OF RISK

This Disclosure and Release Agreement is provided to you in connection with your desire to participate in undergoing Muscle Activation Techniques ("MAT") with Charles Lantz ("MAT Treatments").

1. **DISCLOSURE:** Charles Lantz, hereby discloses that he is not a medical professional and cannot give you medical advice.

2. **VOLUNTARY PARTICIPATION:** By signing below, you acknowledge that you are undergoing MAT Treatments and you understand that it is a hands-on biomechanical technique that requires manual palpation; which may involve discomfort at these sites, and that isometric exercises and/or at home physical fitness regimens might be introduced. Your participation in MAT Treatments is completely voluntary and by signing below, you acknowledge that it is your choice to adhere to it.

3. **WAIVER/RELEASE AND INDEMNIFICATION:** By signing below, you acknowledge that you fully understand that you may suffer some unintended harm as a result of participation with MAT Treatments. You agree on behalf of yourself and your children, parents, heirs, assigns, personal representative and estate to hereby voluntarily release, forever discharge, and to indemnify and hold harmless Charles Lantz from any and all liability now and in the future, including but not limited to pain and suffering that may occur by reason of dizziness, lightheadedness, bruising, muscle sprain, strains, or spasms.

4. **BREADTH OF AGREEMENT; CHOICE OF LAW:** You hereby acknowledge and agree that the foregoing liability waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Washington and that if any portion thereof is held invalid, it is agreed that the remaining provisions shall continue in full force and effect.

5. **UNDERSTANDING OF RELEASE:** I have read this liability waiver and assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the state of Washington.

Participant's Signature: _____ Date: _____

Print Participant's Name: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed if participant is under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Charles Lantz to participate in this MAT Treatment, I further agree to indemnify and hold harmless Charles Lantz from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Print Name: _____