

WAIVER AND RELEASE OF LIABILITY

Muscle Activation Techniques™ (MAT) is a bodywork technique using a systematic approach to identifying and treating imbalances that relate to injury. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability. Therefore, muscles will tighten up as a protective measure when instability is recognized.

Muscle Activation Techniques™ addresses the components of the muscle weakness as a cause for limitations in joint range of motion. When muscles are weak, and/or have lost proprioceptive input, then the joint that it supports becomes unstable. This instability must be identified and addressed. The MAT methods are designed to identify and correct the positions of instability. When performed in this manner, the natural protective mechanisms are diminished and normal joint motion occurs. The end result is not only increasing joint motion, but also making sure that there is increased mobility and stability through that range of motion.

DECLARATIONS

This Agreement is entered into between Muscle Activation Techniques™ (MAT) Practitioner Joel Kupke ("Practitioner") and the undersigned ("Client"). The provision of MAT services by Practitioner to Client, and Client's use of any premises, facilities or equipment are contingent upon this Agreement.

THE PARTIES

This Informed Consent and Assumption of Risk and Release of Liability ("Release") is made on the _____ of this Agreement and entered between:

Date

_____ ("Client") and Joel Kupke LLC ("MAT Practitioner").

Name (first, last)

INFORMED CONSENT

The Client acknowledges, certifies, and accepts the following:

- **Physical Condition.** That they are of adequate physical condition to participate in MAT session despite any current medical conditions they may possess.
- **Assumption of Risk.** That they assume the risk of physical injury from any advice, instruction, or action conducted during or as a result of a Session with the MAT Practitioner.
- **Reporting Discomfort.** That any discomfort, distress, or uncomfortable feelings will be immediately brought to the attention of the MAT Practitioner.
- **Indemnification.** That they will NOT hold the MAT Practitioner or its employer, affiliates, agents, or any other entity or individual connected to them, either directly or indirectly, liable for any result from the Sessions.
- **Responsibility.** That they, the Client, assume all responsibility for a Client's participation and payment for the MAT Sessions.

The Client understands and agrees that during the MAT Session the Client is not receiving physical therapy or chiropractic, Muscle Activation Techniques™ is the only practice employed in the treatment.

Client Signature: _____ DOB: _____

Email: _____ Phone number: _____

Address: _____