

## WAIVER OF LIABILITY FOR GYM USE

I/We hereby understand and acknowledge that the training, programs and events held by On The SPOT Therapy Center, LLC. may expose me to many inherent risks, including accidents, injury, illness, or even death.

I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity.

I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and On The SPOT Therapy Center, LLC. furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE On The SPOT Therapy Center, LLC., its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the On The SPOT Therapy Center, LLC. therapy, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability, and I voluntarily agree to its terms.

Participant's Name (Please Print the name of your child participating): Each child must have their own form please:
Participant's Parent/ Guardian Signature (if child is under 18 years old):
Date:
n case of emergency, contact:

On The Spot Therapy Center, LLC, 2300 US-9, Cape May Court House, NJ 08210

Contact: info@onthespottherapycenter.com

Phone: (609) 545-0500