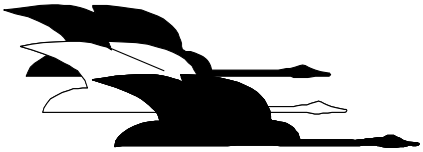

Integrated Physical Therapy Services

825 Jones Road, Yuba City, CA 95991
(530) 673-0567

WAIVER AND RELEASE OF LIABILITY

In consideration of my participation, I hereby release and covenant not-to-sue The Yuba City Racquet Club **DBA** Integrated Physical Therapy Services (IPTS), and any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of personal injury, or wrongful death, arising as a result of my Club activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future that may be made by me my family, estate, heirs or assigns.

Further, I am aware that physical activity or exercise includes certain risks, including but not limited to, death, serious neck, and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs and that equipment provided for my protection may be inadequate to prevent serious injury. In addition, I understand that participation in The Yuba City Racquet Club **DBA** Integrated Physical Therapy Services (IPTS) involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless The Yuba City Racquet Club **DBA** Integrated Physical Therapy Services (IPTS) and others listed for any and all claims arising as a result of engaging in or receiving instruction in The Yuba City Racquet Club **DBA** Integrated Physical Therapy Services (IPTS) activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of California state and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in this California State.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of The Yuba City Racquet Club **DBA** Integrated Physical Therapy Services (IPTS) or any of the parties listed above.

_____ _____

Signature of Participant Date Signature of Parent Date
(if participant is under 18)