



**Endurance Chiropractic
& Sports Therapy**
Live Active

Recovery Zone Questionnaire and Consent

- Have you had or currently have any of the following?**
- Uncontrolled High Blood Pressure or other Heart Disease
 - Blood clotting disorders including poor circulation or Diabetes
 - Cancer
- Do you currently have?**
- Open Sores or Sensitive skin
 - Fracture
 - Any electrical implants (pacemaker, pain implants, etc)
- I do not have any of the aforementioned conditions**

This Consent form is for use of the Recovery zone modalities including: Normatec Recovery, Electrical stimulation, Cryo and heat therapy, Soft tissue release, Kinesiotaping applications, Alter G Treadmill, and Class IV laser therapy.

LIABILITY AND MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT In consideration of being permitted by Endurance Chiropractic and Sports Therapy to participate in their services, I hereby waive any and all claims and damages for personal injury or death which may occur as a result of my participation. I understand and agree that:

1. This release is intended to discharge in advance Endurance Chiropractic and Sports therapy, its officers, officials, employees, agents and volunteers from and against all liability arising out of or connected in any way with my participation in these activities;
2. Participation may involve risk of serious injury, illness, disability or death and may result not only as a result of my actions, negligence or inaction, but also from the action, negligence or inaction of others, including their owners, officers officials employees, or volunteers and may result from the conditions of the facilities, equipment, or areas where such activities are being conducted;
3. Knowing the risks involved and the contraindications related, I nevertheless chose voluntarily to request permission to participate;
4. I will indemnify and hold harmless Endurance Chiropractic and Sports Therapy, its owners, officers, officials, employees and volunteers from any loss, liability, damage, cost or expense, including litigation of any form, arising out of or connected in any manner with my participation in such activities;
5. I am in good health and have no physical condition expressed in the 'Contraindications' or otherwise which would preclude me from safely participating in such activities;
6. I understand and agree that this release is intended to be as broad and inclusive as permitted under the law of the State in which it is executed and that if any portion of this Hold Harmless, Release and Indemnification Agreement should be determined to be invalid, it is my intent that the remaining provisions shall continue in full force and effect

Printed name

Signature

Date