

IGNITE Men's Intensive

Release, Waiver and Assumption of Risk

This is a legally binding release, waiver, and assumption of risk made by me,

_____ (PRINT NAME)

to Therapy Works ATX, PLLC (individually, "TWATX"). I acknowledge and understand there are certain dangers and risks to which I may be exposed by utilizing the facilities or participating in any and all activities in conjunction with the Men's Intensive Weekend, including the risk of serious physical injury, temporary or permanent disability, and death, as well as severe social and economic loss. The risks may arise not only from my actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, or transportation, or of any equipment used. I also acknowledge and understand that there may be other risks not presently known or reasonably foreseeable.

I understand that I am not required to participate in any activities related to the Men's Intensive Weekend or to utilize the facilities or transportation, but that I freely choose to do so, despite the possible dangers and risks and despite this release, waiver, and assumption of risk. I hereby assume all risks from my participation in the Intensive activities and utilization of the facilities and transportation.

In partial consideration of the opportunity to participate in the Intensive weekend, I agree, on behalf of my family, heirs, and personal representative(s) to assume all risks and responsibilities surrounding my participation in the Intensive weekend and my use of the facilities where the weekend is held and any and all transportation. To the maximum extent permitted by law, I release and indemnify Therapy Works ATX, PLLC and their respective trustees, officers, employees and agents, from and against all liability, actions, debts, claims and demands of every kind whatsoever, specifically including any claim for negligence or negligent acts or omissions and any present or future claims, loss, or liability or injury to person or property that I may suffer, or for which I may be liable to any other person, that may or does arise out of my participation in the Intensive and use of the facilities where it is conducted and all transportation.

I acknowledge that prior to signing this release, waiver, and assumption of risk, I have had an adequate opportunity to read and understand it, and any questions I have had have been answered to my satisfaction. This weekend is NOT therapy, nor governed by State licensing entities.

By signing this form I agree to use my best judgment in participating in any and all activities in conjunction with the Intensive and using the facilities where it is conducted and all transportation, and to faithfully adhere to all safety instructions and recommendations, whether written or oral. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress.

Dated: _____, 20____

Signed: _____

Print Name Here: _____