

Equipoise Liability Waiver

Full Name: _____

I, _____, understand that any physical activity program I undertake must be pre-approved by my personal physician. I understand that any time I enter into a location devoted to physical fitness, or participate in physical activity, that I may be injured and that the injury may be catastrophic. With full understanding of the potential catastrophic injuries I may sustain by participating in any physical activity, including but not limited to, physical weights, cardio and aerobic training, physical therapy, massage therapy, strength training, and other activity, including self-directed activities (collectively referred to as "Activities"), taking place at Equipoise, LLC which is located at 3300 Northeast Parkway, Building 8, Suite A, Atlanta, GA 30341 ("Equipoise"), I hereby release to the fullest extent allowed by law: Equipoise, LLC, Davis Fox Group, LLC and all of their employees, members, owners, and operators from any injuries, pain, suffering, medical expenses, lost wages, and other damages arising from my participation or observation of any of the Activities. This full release also applies to any injuries I sustain while touring "Equipoise" or otherwise physically located in Equipoise. I also fully release Equipoise, LLC, Davis Fox Group, LLC, and all of their employees, members, owners, and operators, in the event I am injured, to (in their own complete discretion), render first aid, seek medical assistance, transport me to a medical facility, call an ambulance, or decide that none of the above is necessary.

Signature : _____ **Date:** _____

