

**DR. SARAH SCHROEDER, DC**  
**WARNING LIABILITY RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK**  
**PLEASE READ CAREFULLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principle Activity: (please check )

Chiropractic     Massage     Pilates  
 Personal Training

I understand that participation in the above checked activity can be hazardous. I understand that any of the above activities involve the risk of injury to any and all parts of my body. Despite the risk of injury, I HEREBY AGREE TO FREELY AND EXPRESSLY ASSUME and accept ALL RISKS OF INJURY OR DEATH while participating in any of the above activities.

I agree that if I engage in any physical exercise or activity or use any facility on the premises, I do so at my own risk. This includes, without limitation, my use of the locker room, weight room, Pilate's room, parking area, sidewalk or any equipment in the facility known as SCH-SCHROEDER CHIROPRACTIC HEALTH and my participation in any activity, class program or instruction. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, or damage or loss to me or my property that might result, including without limitation, any loss or theft of any personal property. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge us (and our affiliates, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of our negligence. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of (a) my use of any exercise equipment or facilities which may malfunction or break; (b) our improper maintenance of any exercise equipment or facilities, (c) our negligent instruction or supervision, and (d) my slipping or falling while on the premises.

THIS DOCUMENT IS A LEGALLY BINDING CONTRACT which supersedes any other agreements or statement by or between the parties and which is binding upon the heirs, administrators, next of kin and assigns of the parties. It shall be interpreted to provide as broad and inclusive a release of liability as is legally possible, but is not intended to assert any claims or defenses, which are prohibited by law. I understand this agreement will be interpreted pursuant to California law. If any part of the agreement is deemed void or unenforceable the remainder shall be given full force and effect. I understand this is legally binding on me and my heirs and I sign of my own free will.

I have read, understood, and agreed to all terms of this Warning, Liability Release, Indemnification and Assumption of Risk Agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue or bring a legal action to assert a claim against Beverly Hills Physical Medicine and Internal Medicine, Inc., Continual Health partners Inc., and their affiliates, employees, agents, representatives, successors, and assigns for negligence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian if Member is a Minor: \_\_\_\_\_