

## Waiver of Liability, Indemnity Agreement, and Assumption of Risk

**Waiver:** In consideration of using the services of Metamorphosis: Holistic Wellness Center LLC, on behalf of myself, my heirs, personal representatives, or assigns, I do hereby release, waive, discharge, and covenant not to sue Metamorphosis: Holistic Wellness Center LLC, its owner, officers, employees, volunteers, and agents **from liability from any and all claims arising from the ordinary negligence of Metamorphosis Holistic Wellness Center or any of the aforementioned parties.**

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested or planned by Metamorphosis including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting and use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

**Indemnification and Hold Harmless:** I also agree to **hold harmless and indemnify Metamorphosis: Holistic Wellness Center LLC**, its owner, officers, employees, volunteers, and insurance carriers from all claims (whether initiated by me or a third party) and to reimburse them for any expenses incurred as a result of my involvement with Metamorphosis. I further agree to pay all expenses, including court costs and attorney's fees, incurred by Metamorphosis and the aforementioned parties in investigating and defending a claim or suit resulting from my participation in any Metamorphosis fitness, conditioning or alternative medicine program/activity.

**Severability and Venue:** I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in the District Court of the Federal Court residing where the incident occurred.

**Acknowledgement of Understanding:** I have read this waiver of liability and indemnification agreement and fully understand its terms. **I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence to the greatest extent allowed by law in the State of Ohio.**

**Assumption of Risks:** Fitness conditioning, and alternative medicine, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care trainer, practitioner, coach, volunteer takes to prevent injury and illness. Activities offered by Metamorphosis: Holistic Wellness Center LLC such as weight lifting, aerobic conditioning, flexibility training, Reiki, relaxation massage, aromatherapy or any other services carry with them some risk.

The specific risks vary from one activity to another, but in any activity it may result at a risk that range from: 1) minor physical injury or reaction to 2) rarely occurring major injuries or reactions and 3) the very rare occurrence of catastrophic injuries or anaphylaxis including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at Metamorphosis: Holistic Wellness Center LLC, I understand demands of those activities relative to my physical condition, and I appreciate the types of injuries or illnesses that may occur as a result of activities made possible by Metamorphosis: Holistic Wellness Center LLC.

I hereby assert that my participation is voluntary and that I knowingly and willingly assume all such risks.

**Acknowledgement of Understanding:** I have read this assumption of risk and fully understand its terms. **I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risk in any way associated with the programs offered my Metamorphosis: Holistic Wellness Center LLC to the greatest extent allowed by law in the State of Ohio.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date