



Acknowledgement, Assumption of all risk and release of all liability

I _____ acknowledge that I have chosen to receive Performance and Recovery services from Julian Guthrie Frank-Hess, an independent contractor. I have observed and I am aware of the nature and possible intensity of the Performance and Recovery programs offered by Julian Guthrie Frank-Hess. I recognize and understand that, while unlikely, my participation may result in physical harm (which could require medical attention and hospitalization), including, but not limited to, muscular damage, skeletal damage, or nerve damage.

I willingly assume full responsibility for any and all risks to which I am exposing myself as a result of being stretched by Julian Guthrie Frank-Hess. By assuming these risks I understand that I am waiving claims I may otherwise have.

Health Risks: I hereby warrant that I know of no medical problems that would put me at an increased risk of injury as a result of receiving a stretch. I further warrant that I have not made Julian Guthrie Frank-Hess aware of any reason why I am unfit to receive his offered services. Reasons why I may be unfit to receive a stretching include, but are not limited to, muscular damage, skeletal damage and/or nerve damage. Initials: _____

Release: In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily accepting the service offered by Julian Guthrie Frank-Hess and with my full understanding of the above, I voluntarily waive, release, discharge, and hold harmless Julian Hess of any and all liability, claims, demands, actions, causes of action, rights of action, and/or damages of any kind related to, arising from, or in any way connected with receiving services offered by Julian Guthrie Frank-Hess. In signing this document I fully recognize and understand that if I am hurt, I am giving up my rights to make a claim or file a lawsuit against Julian Guthrie Frank-Hess, even if he negligently or by some other act or omission causes the injury or damage. Initials: _____

THIS AGREEMENT SHALL REMAIN IN EFFECT FOR FUTURE VISITS
UNLESS & UNTIL REVOKED

I have read this document in its entirety. I fully understand the foregoing assumption of risk and release of liability, and all terms and conditions contained herein, and I understand that by signing below I have released any and all claims against Julian Guthrie Frank-Hess. I understand that by voluntarily signing this form, I am waiving valuable legal rights. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Customer (please sign)

Date _____/_____/_____

