

**SHINE THERAPY
DISCLAIMER AND WAIVER OF CLAIMS
AND RELEASE OF LIABILITY**

DISCLAIMER: Shine Therapy disclaims any and all liability for any services furnished, information provided, or participation in programs by Shine Therapy that may result in physical injury or bodily harm.

WAIVER: It is expressly agreed and understood that the patient receiving a massage from Shine Therapy shall accept this service by the undersigned at his/her sole risk. Shine Therapy shall not be liable for any injuries or any damage whatsoever to the undersigned or for any injury or damage to any property of the undersigned. Also, Shine Therapy shall not be subject to any claim, demand, injury, or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Shine Therapy, its officers or agents, or anyone using a Shine Therapy facility or equipment. The undersigned, for himself/herself and on behalf of his/her executors, administrators, heirs, personal representatives, successors and assigns, does hereby expressly forever release and discharge Shine Therapy, its owners, officers, associates, agents, instructors, assignees and successors from all claims, demands, injuries, damages, actions, or causes of action in any manner related to the use of Shine Therapy services, any information provided, and participation in any programs.

I understand that receiving a massage from Shine Therapy is voluntary and no Shine Therapy employee, board of director or officer convinced, coerced or forced me to participate in this program.

I have made the decision to participate with full knowledge of my medical history and current medical status and, therefore, hold Shine Therapy harmless from any injury, advancement of illness, or death from participation in the program designated below.

I understand that any injuries resulting from participation will not be considered the fault of Shine Therapy, its employees, board of directors, or officers and are my responsibility.

I further indemnify and hold harmless Shine Therapy and its assigns, officers, agents, servants, employees, directors, and subsidiaries from any and all claims, actions, demands, costs, liabilities, expenses and judgments whatsoever including reasonable attorney fees and costs which might arise in any manner from my participation in Shine Therapy programs.

AGREED AND ACKNOWLEDGED by the undersigned for and in consideration of the right to receive massages from Shine Therapy this _____ day of _____ 201_.

PROGRAM: MASSAGE THERAPY

SIGNATURE _____

PRINT NAME _____