



RETAIL SERVICES CONDITIONS OF ADMISSION AND WAIVER OF LIABILITY

VERIFICATION OF CONSENT: I, the under signed, wish to participate in exercise services or programs offered by POTENTRx. I hereby agree and consent to participate in such services and/or programs.

WAIVER OF LIABILITY: I hereby release POTENTRx, its officers, medical staff and employees, jointly and severably, from any liability of any nature whatever that may result, directly or indirectly, from my voluntary participation in the exercise services or programs offered by POTENTRx or from my use of exercise equipment or machinery at POTENTRx.

EMERGENT CARE: This is to inform you of the POTENTRx policy in the event you should have an unexpected medical emergency. Our policy is to provide emergent medical care to all individuals unless we have a physician's order to the contrary. We will call 911 for medical assistance and transport as appropriate. Please list your emergency contact.

Name

Primary Number

Relationship to You

Secondary Number

PERSONAL VALUABLES: POTENTRx shall not be liable for the loss or damage to any money or articles of value such as eye glasses, watches and jewelry.

WEAPONS: Weapons are not permitted on POTENTRx property. I understand that if I am suspected of possessing a weapon, POTENTRx has the right to search me and/or my belongings and refuse entry into these programs.

PRIVATE PAY: I, the undersigned agree, whether signing as agent or as a client, to be financially responsible to POTENTRx for services rendered. I understand that these types of services are generally not covered by insurance, and that POTENTRx will not be billing my insurance company for these services. I understand that payment is due from me at the time of service.

I declare that I have read, understood, and agree to the contents of this Retail Services Condition of Admission Consent and Waiver of Liability.

Client Signature

Client Date of Birth

POTENTRx Staff Signature

Date