



WAIVER OF LIABILITY FOR FACILITY AND USE

I hereby understand and acknowledge that the training, programs and events held by Neuro Force One, Inc. a Delaware C-corporation (NF1), may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity and all other such risks being known and appreciated by me. In addition, I understand that this waiver also includes any activities, programs, events or participation in any activity outside of the NF1 facility.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and NF1 furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** NF1, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in NF1 training, programs, assessments and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print):

Participant's Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____