



RELEASE

For good and valuable consideration (the receipt and adequacy of which is acknowledged), the undersigned agrees to release and forever discharge pt Health, its affiliates, and their respective directors, officers, shareholders, employees, agents, representatives, successor and assigns from any and all matters, causes of action, claims or demands of every nature and kind whatsoever for damages, liabilities, costs, expenses or losses of every nature and kind (whether in law or equity and whether express or implied) resulting from, or in any way connected with participating in pt Health exercise class, including without limitation, for any injuries sustained through participation in pt Health exercise class. Participation in pt Health exercise classes is done so at one’s own risk, understanding that no medical assessment has been performed to determine suitability for programming.

The undersigned fully understands the terms of this release, and has had the opportunity to seek independent legal advice with respect to the matter addressed in this release. The undersigned voluntarily accepts the terms of this release for the purpose of making full and final settlement of all matters described in this release.

This release will be governed by, interpreted and enforced in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

IN WITNESS WHEREOF, the undersigned has executed this release as of _____ day of _____, 20__.

Location (of Programming): _____

Date: _____

Participant Name (please print): _____

Participant Signature: _____

Witness Name (please print): _____

Witness Signature: _____