

**JOSEPH R. KELLY PROFESSIONAL CORPORATION**

**OPERATING AS**

**MONTGOMERY CHIROPRACTIC PLUS**

**ADULT WAIVER**

ALL PARTICIPANTS MUST READ CAREFULLY AND SIGN THE LIABILITY WAIVER PRIOR TO THE COMMENCEMENT OF ACTIVITIES.

IN CONSIDERATION of JOSEPH R. KELLY CORPORATION allowing my participation in the fitness programs and other services provided by or in connection to the Montgomery Chiropractic Plus (the "Programs"), I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of actions, suits, and rights, whether in law or equity, or any on my behalf may have against Montgomery Chiropractic Plus operated by Joseph R. Kelly Professional Corporation its officers, employees, and independent contractors (the "Releasees") for personal injury (including death), loss or damage to my property, which I, or anyone claiming by or through me may have against the Releasees, as a result or my participation in the programs.

I ACKNOWLEDGE AND FULLY UNDERSTAND the risk of serious bodily injury (including death) of my participation in any of the Programs I FULLY ACCEPT AND ASSUME RESPONSIBILITY FOR ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I may incur as a result of my participation in the Programs.

I WILL INDEMNIFY AND HOLD HARMLESS each of the Releasees from and against any and all claims, demands, causes of actions, suits, rights, whether in law or equity, or anyone on my behalf may have against Montgomery Chiropractic Plus operated by Joseph R. Kelly Professional Corporation, its officers, employees, and independent contractors (the "Releasees") for personal injury (including death), loss or damage to my property, which I, or anyone claiming by or through me may have against the Releasees, as a result of my participation in the Programs.

I further expressly agree that the foregoing release and waiver is governed by the laws of the Province of Alberta.

THE UNDERSIGNED HAS READ, UNDERSTANDS AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY, WHICH SHALL REMAIN IN EFFECT THROUGHOUT THE ENTIRE DURATION OF TIME THAT THE UNDERSIGNED PARTICIPATES IN THE PROGRAMS.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant / Guardian) (ddmmyy)

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness) (ddmmyy)