

**Waiver of Liability and Hold Harmless Agreement
(Single Colon Hydrotherapy Session)
for Pittsburgh Alternative Health, Inc.**

1. In consideration for receiving information to participate in a SINGLE colon hydrotherapy session at Pittsburgh Alternative Health, Inc. and other considerations, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Pittsburgh Alternative Health, Inc., their instructors or employees (herein referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any illness or injury that may be sustained by me by participating in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation from the premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF PERSONAL INJURY OR RESULTING ILLNESS, that may be sustained by me, as a result of being engaged in such activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my expressed intent that this RELEASE AND HOLD HARMLESS AGREEMENT shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this WAIVER of LIABILITY AND HOLD HARMLESS AGREEMENT shall be constructed in accordance with the laws of the State of Pennsylvania.
5. I UNDERSTAND THAT Pittsburgh Alternative Health, Inc. WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY OR ILLNESS THAT MAY BE SUSTAINED. I hereby agree to indemnify and pay for any medical care for myself due to the participation in the activity contemplated herein.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing WAIVER of LIABILITY and HOLD HARMLESS AGREEMENT, understand it and signed it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the RELEASE for full, adequate, and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 20____.

Participant's signature _____

Parent/Legal Guardian Signature _____