

THE HEALTH SPECTRUM LLC RELEASE AND NDA

Please complete this Agreement, review the terms, sign, scan, and e-mail to info@themartialartsofwellness.com.

CLIENT:

Name: _____

Address: _____

Mobile Phone: _____ Office Phone: _____

E-mail: _____

Birthday: _____ Occupation/Employer: _____

Emergency Contact Name: _____

Emergency Contact Mobile Phone: _____

THIS AGREEMENT (the “**Agreement**”) is between The Health Spectrum LLC (“**Health Spectrum**”, “**us**”) and the above-referenced client (“**Client**”, “**you**”) regarding your participation in a healing session(s) with Sifu Matthew (the “**Program**”). Please read this Agreement carefully, as it includes important rights that you have, as well as your obligations as a Health Spectrum client. In exchange for the knowledge imparted to you by Health Spectrum, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, you agree as follows:

Representations and Warranties:

By signing below, you hereby represent, covenant, warrant and agree that you are free to enter into this Agreement, and that you are not, and will not be, under any disability, restriction or prohibition, contractual or otherwise, with respect to your right to execute this Agreement and fully perform each term hereof. You further warrant that you have no physical, emotional, or psychological condition which would prevent you from participating in and enjoying the benefits of the Program, or which would cause injuries or harm to yourself or others, and that you have consulted with a medical professional regarding your participation in the Program and have obtained his/her clearance to do so.

You understand that Health Spectrum’s representative, Sifu Matthew, is not a licensed therapist or other certified medical professional, and therefore cannot diagnose or treat any injury or condition. Sifu Matthew’s work is not a substitute for medical or psychological treatment from licensed and registered healthcare professionals. Sifu Matthew’s ideas, treatments and suggestions are methods you may use for your own energy wellness. The energy and electromagnetic body are considered alternative or complementary by Western health care professionals and are not accepted by the western medical model. Therefore, energetic treatments have no bearing on medical health.

Please consult your physician regarding any questions you may have concerning your fitness for the activities involved in the Program, and use common sense to avoid injury. Do not push yourself beyond a level you are comfortable with. By participating in this Program, you assume all risks of injury,

and Health Spectrum will not be liable for any injuries to you or other damages incurred in connection therewith.

Release and Indemnification:

You shall release, defend, indemnify and hold harmless Health Spectrum, and its representative, Sifu Matthew, from and against any claims, demands, suits, liabilities, losses, costs, expenses or damages (including, without limitation, reasonable outside attorneys' fees and costs), resulting from, based upon, or incurred because of your participation in the Program, including, without limitation, direct, indirect, special, incidental or compensatory damages, however caused and under any theory of liability.

YOU HEREBY CERTIFY THAT YOU HAVE READ AND FULLY UNDERSTOOD THIS AGREEMENT, AND THAT YOU HAVE EITHER CONSULTED WITH AN ATTORNEY REGARDING ANY QUESTIONS YOU MAY HAVE, OR HAVE VOLUNTARILY WAIVED YOUR RIGHT TO DO SO.

Client Signature _____

Date _____

Health Spectrum _____

Date _____