

Waiver of Liability Management

1) The Vasper System is an exercise apparatus that involves core cooling of the body, mild compression of the arms and thighs, and negative grounding of the body ("Vasper System"). The Vasper System is used in conjunction with traditional exercise machines. The Vasper System is not intended to be a medical device and isn't intended to diagnose, treat, cure, or prevent any disease.

2). I do hereby release, hold harmless, and forever discharge and agree not to sue Waterbrook Wellness Therapy, and Foster City Chiropractic and their management company or Vasper Systems California LLC or their respective members, managers, officers, employees, agents, or other commonly controlled affiliates from any and all claims, responsibilities or liabilities for injury or damages resulting from and arising out of my use of the Vasper System, whether or not caused by the ordinary negligence of Vasper.

3) I certify that a Waterbrook Wellness Therapy/Foster City Chiropractic and their management company's employee has adequately explained the Vasper System technology that incorporates core cooling, vascular compression and negative grounding.

4) I understand recognize and acknowledge that exercise using the Vasper System involves an inherent risk of injury and /or death, including but not limited to: bruising (contusions), muscle injury (rhabdomyolysis), vascular injury (arterial wall irritation, venous blood clots, phlebitis), blood pressure elevation (hypertension), irregular heartbeat (arrhythmia), and the appearance of tiny red spots on extremities, post exercise (petechiae).

5) I certify that I am in good health and in sufficient physical condition to properly use the Vasper system. Furthermore, I certify that I do not possess the following conditions preventing me from using the Vasper System; *A history of blood clots or current problem with blood clots (including deep vein thrombosis or arterial thrombosis) * History of easy bruising (contusions) * Currently taking blood thinners of any kind (anticoagulants) * Moderate to severe high blood pressure (hypertension) * Unstable Heart Disease (Angina pectoris, congestive heart failure, coronary heart disease) * A history of small strokes (transient ischemic attack, cerebral vascular accident) * Diabetic induced eye disease (diabetic retinopathy) * Increased pressure within the eyeball (increased intraocular pressure/glaucoma) * Compromised blood flow through the arteries (peripheral arterial disease or arterial obstructions) * Cold hands and feet (acrocyanosis) * Pregnancy * Active Cancer * Osteoporosis

6) I am voluntarily using the Vasper System to exercise with knowledge of the dangers involved. hereby agree to expressly assume and accept any and all risks associated with using the Vasper System.

Name _____ Phone # _____

Address _____

Email _____ DOB _____

Signature _____ Date _____

7) I grant permission to Waterbrook Wellness Therapy/Foster City Chiropractic/and their management company and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Waterbrook Wellness Therapy/Foster City Chiropractic/and their management company and its legal representatives for all claims and liability relating to said images and video. Furthermore, I grant permission to use my statements that were given during my time at Waterbrook Wellness Therapy/Foster City Chiropractic/and their management company, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

Initial: Opt-In _____ Opt-Out _____

Signature _____ Date _____