



RELEASE AND WAIVER OF LIABILITY

In consideration of my acceptance as a participant in the educational course provided by the Institute of Advanced Musculoskeletal Treatments, commencing on the date set forth in the signature block hereof (the "Course"), I, the undersigned, hereby understand the risks of participating in the Course and knowingly and voluntarily assume all risks associated with participating in the Course, all such risks being known and appreciated by me. I hereby certify, by my signature hereof, that there are no health, medical, physical, or any other related reasons or problems, which preclude my participation in the Course and that I am medically able to participate in the Course.

As further consideration, I, for myself and anyone entitled to act on my behalf, hereby waive and release and forever discharge the Institute of Advanced Musculoskeletal Treatments, Upstream Rehabilitation Inc., and all affiliates and subsidiaries of each of the foregoing and each of their respective directors, officers, owners, agents, employees, instructors, successors, and assigns (collectively "IAMT") from any and all liability, claims, or demands of any kind arising, directly or indirectly, from my participation in this course.

Photograph/Video Consent

I hereby authorize IAMT to video/record/photograph me during the Course and hereby grant IAMT permission to use my likeness in photographs, videos, motion pictures, recordings, and/or any other record obtained during the Course in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by IAMT, in perpetuity, and for any other legitimate use or purpose. (This Photograph/Video Consent is optional. You may check the box if you wish to opt out of the Photograph/Video Consent:)

Please print name, sign, date and complete address. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name (print): _____ Signature: _____

Course Location: _____ Date: _____