



327 Vincent Rd. Lafayette, La 70508  
Tiffany@sozocomplete.com  
www.sozocomplete.com

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, I would like Sozo Complete to call:

Mr/Ms. \_\_\_\_\_

Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone # ( \_\_\_\_\_ ) \_\_\_\_\_

This person is my: (parent, friend, spouse, etc.): \_\_\_\_\_

### WARNING, INFORMED CONSENT, LIABILITY RELEASE, WAIVER OF CLAIMS, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT (COLLECTIVELY, the "WAIVER"

I, \_\_\_\_\_, intend to use some or all of the activities, facilities, training methods, programs and services (collectively, the "Activities") offered by Sozo Complete. I understand that different people have different capacities for participating in the Activities and it is my choice to use or apply, at my own risk, any portion of the instruction or guidance that I receive while participating in these Activities.

1. \_\_\_\_\_ I understand that the risk involved in undertaking any of the Activities is related to my own state of fitness or health, and the awareness, care and skill with which I conduct myself in any of the Activities.

2. \_\_\_\_\_ I understand I am free to withdraw from, reduce or modify my involvement in any of the Activities at any time, and I realize that I should do so on recognition of any signs of physical discomfort.

3. \_\_\_\_\_ I understand that that the possible risks involved in participating in these Activities may include, without limitation, muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising; skin laceration; tears, cuts or punctures; shortness of breath, dizziness, fainting, or unconsciousness; tightness in chest; bone breaks; discoloration; separations or fractures; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problem with any other injury; discomfort or physical problems associated with physical activity; death; and many other forms of physical discomfort.

4. \_\_\_\_\_ I hereby agree to: (a) hold harmless, defend and indemnify Sozo Complete and its affiliates and subsidiaries, and each of their respective employees, officers, directors, owners, agents, contractors or assigns (collectively, the "Released Parties"), for any and all claims for personal injury, death or property damage related to my participation in the Activities and (b) fully release the Released Parties from any and all claims based on negligence, breach of warranty, strict liability, contract or other legal theory, and for damages for injuries related in any way to the Activities.

5. \_\_\_\_\_ I certify that: (a) my participation in the Activities is purely voluntary; (b) I am in good physical health; (c) I am physically able to participate in the Activities safely; (c) I have chosen to participate in the Activities having full knowledge of the risks; and (e) I hereby voluntarily and expressly assume all risks of INJURY, PARALYSIS AND DEATH that may result from use my participation in the Activities.

7. \_\_\_\_\_ I hereby agree that this agreement is governed by Louisiana law, without regard to conflict of laws provisions, and venue of any dispute that relates to or arises out of this Agreement or otherwise between the parties, and that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**BY TYPING OR SIGNING MY NAME BELOW, I AGREE I UNDERSTAND THIS IS A LEGALLY BINDING AND ENFORCEABLE DOCUMENT; THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY YOURSELF; THAT I AM VOLUNTARILY AND FREELY AGREEING TO THE TERMS AND CONDITIONS SET FORTH ABOVE.**

Email Address

Signature of Client

**FOR PARTICIPANTS OF MINORITY AGE**  
**(Under 18 at the time of registration)**

This is to certify that I,  as parent/guardian with legal responsibility for this participant, have read and understand this entire document and agree to its terms and provisions. On behalf of myself and the participant, I hereby agree to hold harmless, release, indemnify and defend the Released Parties from any and all liabilities in any way related to his/her participation in the Activities.

**BY TYPING OR SIGNING MY NAME BELOW, I AGREE I UNDERSTAND THIS IS A LEGALLY BINDING AND ENFORCEABLE DOCUMENT; THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY YOURSELF; THAT I AM VOLUNTARILY AND FREELY AGREEING TO THE TERMS AND CONDITIONS SET FORTH ABOVE.**

Signature of Client: