Equipoise Liability Waiver

Full Name:		
I,	_, understand that any physically personal physician. I understand fitness, or participate in planay be catastrophic. With full sustain by participating in any ghts, cardio and aerobic training and other activity, including self, taking place at Equipoise, Ling 8, Suite A, Atlanta, GA at allowed by law: Equipoise, Linembers, owners, and operates, lost wages, and other of any of the Activities. This ing "Equipoise" or otherwise phe, LLC, Davis Fox Group, LL erators, in the event I am injuseek medical assistance, traille that none of the above is need.	tand that any time I enter into a hysical activity, that I may be understanding of the potential physical activity, including bung, physical therapy, massage f-directed activities (collectively LC which is located at 3300 30341 ("Equipoise"), I hereby LC, Davis Fox Group, LLC and ators from any injuries, pain damages arising from my full release also applies to any spically located in Equipoise. C, and all of their employees ared, to (in their own completensport me to a medical facility
call an ambulance, or decid	e that none of the above is ned	cessary.
Signature :		Date:

