

AGREEMENT AND RELEASE OF ALL LIABILITY

I, _____, hereby acknowledge that I am voluntarily participating in Sportsmetrics conducted by Dr. Kevin Stone and The Stone Clinic Rehabilitation Team, which consists of employees of Dr. Kevin Stone. Each session will be based out of Dr. Stone's offices at 3727 Buchanan Street, San Francisco, California with occasional sessions held at the Marina Green and Marina Green Fitness Court. I am aware that attending the above described sessions and participating in the activities of each involves the risk of injury to my person and property damage arising from my attendance and participation at these sessions.

As lawful consideration for being permitted to attend the sessions and to participate in the activities of the sessions, I hereby agree that I, my heirs, personal representatives and assigns will not make a claim against or sue Dr. Stone, The Stone Clinic, his or its employees, agents, contractors or affiliated entities for any bodily injury or property damage arising from the negligence or other acts, however caused, of Dr. Stone, or his employees, agents or contractors.

In addition, I hereby release and discharge Dr. Stone, The Stone Clinic and its employees, agents, contractors, and affiliated entities from all actions, claims or demands, that I, my heirs, personal representatives or assigns now have or may hereafter have for injuries or property damage resulting from my attending the above-described sessions or participating in any of the activities at such sessions. I agree that this release includes bodily injury or property damage caused in whole or in part by negligence, active or passive, of Dr. Stone, and his employees, agents and contracting parties. This release does not apply to liability for willful injury, fraud or violations of law.

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY AND A PROMISE NOT TO SUE OR TO MAKE A CLAIM. I AM AWARE THAT IT IS A CONTRACT BETWEEN MYSELF, DR. STONE, THE STONE CLINIC AND ITS EMPLOYEES, AGENTS, CONTRACTORS AND AFFILIATED ENTITIES.

PRINTED NAME: _____

SIGNED: _____

PARENT'S SIGNATURE: _____

(If participant is a minor)

DATE: _____

WITNESS: _____