



A European BioRegulatory Approach to Health

**TRUE ADVANTAGE  
MEMBERSHIP INTAKE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Can we add you to our newsletter? Yes: \_\_\_\_ No: \_\_\_\_

Do you have any major health concerns: \_\_\_\_\_

Do you have a heart pacemaker or any other battery operated or electrical implant? YES / NO

Are you pregnant or breastfeeding? YES / NO

Are you on any medications? YES / NO

If so, please list: \_\_\_\_\_

What are your health goals? \_\_\_\_\_

**TRUE ADVANTAGE  
WAIVER AND RELEASE OF LIABILITY**

In consideration of my use of the equipment and facilities provided by True Wellness, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the company.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of said equipment and facilities.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

I agree to be solely responsible for my safety and well-being. I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that True Wellness is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

**I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTE THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_