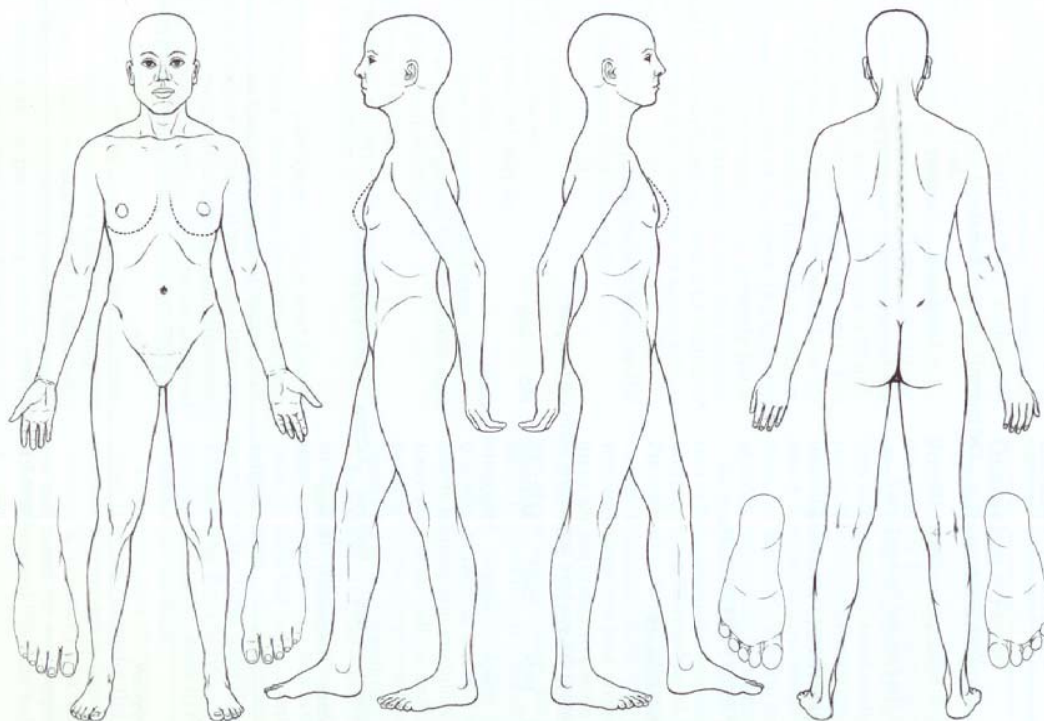


Please mark (X) any locations on your body that you experience regular or occasional discomfort, pain or have had any injuries. Also note the pain level (using 1—10) of those areas.



Waiver: In consideration of being permitted to participate in any way in The Private Bodywork session, hereinafter called "Bodywork Session", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant AUM Bodyworks, LLC and Scott Kover from liability for any and all claims including , but not limited to, negligence, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the "Bodywork Session".

Assumption of Risks: Participation in the "Bodywork Session" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. By participating in the Bodywork Session, I am assuming the risks that are involved which may include injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD AUM Bodyworks, LLC & Scott Kover HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Bodywork Session and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

All of the preceding information on this document are true to the best of my knowledge. I have read the above information and discussed and questions with my instructor. **If any changes occur in any of the information listed on this form, I will notify Scott Kover before my next appointment.** I take responsibility for alerting my Massage Therapist to any physical, mental or emotional conditions that would effect this work. I have stated all of my known medical conditions on the to my Massage Therapist and I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions . I realize it is solely my responsibility to keep the Massage Therapist updated on any changes in my physical health and I understand that AUM Bodyworks, LLC and Scott Kover shall not be liable should I fail to do so. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Bodywork Session. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: _____ Print Name: _____ Date: _____

AUM Bodyworks, LLC
 Scott Kover, NCMT, LLCC, RYT200
 410 321-0530 ext 2 Phone

1001 Cromwell Bridge Road, Suite 208
 Towson, MD 21286
 410 707-6290 Mobile

410 321-0532 FAX

Massage Therapy, Reiki, Integrative Reflexology, Ear Candling, Yoga Instruction
 Lymph Drainage Therapy, Complex Decongestive Physiotherapy for Lymphedema