

**RELEASE, WAIVER, AND INDEMNITY AGREEMENT**  
**Parkettes Invitational 1.26.2023-1.29.2023**

This Release and Waiver of Liability and Indemnity Agreement is being given in connection with my participation in the Parkettes Invitational in which I am participating voluntarily and of my own free will. During the course of the Parkettes Invitational, I hereby grant permission for RehabClinics (SPT), Inc. d/b/a NovaCare Rehabilitation, its affiliates, staff, employees, and/or designated personal, to provide an injury consultation, pre/post event stretching, and/or a functional movement screening (the “Activities”).

I covenant not to sue and release, waive, discharge RehabClinics (SPT), Inc. d/b/a NovaCare Rehabilitation, its parents, subsidiaries and affiliates, and their officers, agents, and employees (collectively, referred to as “Releasees”), from all liability to myself, my personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including, but not limited to death or injury or damage to property, all of which is caused or alleged to be caused in whole or in part by the negligence of the Releasees or any third parties or otherwise.

I hereby assume full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise, while participating in the Activities.

I hereby agree to indemnify, save, and hold harmless the Releasees from any loss, liability, damage or cost that may occur due in any manner or degree to my participation in the Activities, whether caused by negligence of the Releasees, third parties, or otherwise.

I agree this Release and Waiver of Liability and Indemnity Agreement extends to all acts of negligence by the Releasees, and is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania. If any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.

IT IS MY INTENTION BY COMPLETING THE ELECTONIC SIGNATURE BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF RehabClinics (SPT), Inc. d/b/a NovaCare Rehabilitation, AND TO EXEMPT AND RELIEVE RehabClinics (SPT), Inc. d/b/a NovaCare Rehabilitation FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

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Participant Signature (Parent or Guardian if under 18 years of age)

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Date

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Print Participant’s Name

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Print Parent or Guardian’s Name if under 18 years of age