RELEASE OF LIABILITY

I understand that I will attend a course conducted by International ATMO, Inc. (ATMO) that is conducted on the premises (warehouse and simulation lab) of Healogies, LLC (HL).

In consideration of HL granting me permission to be present and attend training on their premises, I hereby release, indemnify and hold harmless ATMO, HL, their officers, directors, agents, employees, consultants, and contractors, from any and all loss, cost or damage incurred by me, by reason or as a result of liability, actions, causes of actions, claims or demands whatsoever resulting from or arising out of personal injury, death, or loss of or damage to my personal property, or involving any impairment or damage to any right (including, but not by way of limitation, the right to be paid for loss of time, loss of services, or expenses incurred) accruing to me or to any person, firm or corporation through me, including but without limitation, my heirs, executors, and administrators, because of or in any way related to my presence at and observation and participation of said training at the HL warehouse and simulation lab, EVEN IF SUCH LIABILITY, LOSS, COST OR DAMAGE IS AS A RESULT OF ATMO, HL, ITS OFFICERS', DIRECTORS', AGENTS' EMPLOYEES', CONSULTANTS' OR CONTRACTORS' NEGLIGENCE OR STRICT LIABILITY, EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF ATMO OR HL.

I further agree that this release of liability covers each visit I make to the premises of HL during the calendar year in which I executed this release as if I had reviewed and signed the release during each visit within such year.

Please select one of the following below:		
☐ I am sending myself to this training, and I assume personal responsibility.	that I am cover	sent to this training by my employer, and I confirm ed under my employer's workers compensation plan. Dital name and address:
	Street Address:	
	City:	
	State:	Zip/Postal Code:
Signed this day of		_, 20
Printed Name		

Signature

PLEASE EMAIL OR FAX TO INTERNATIONAL ATMO

Email: education@hyperbaricmedicine.com

Fax: (210) 223 4864