Migraine Study - Hold Harmless

Hold harmless waiver for participation in the study

*	Required
ı	
1.	Name *
	First and last name

(Hereinafter the "Releasor") for and in consideration of participating in a Resona Health pilot or clinical study. THEREFORE, under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge Resona Health and SAAF, LLC. of 203 Rose Drive, Cocoa Beach, State of Florida (Hereinafter the "Releasee").

Including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the use of Resona Health - Low Risk General Wellness devices.

It is understood and agreed that this Agreement is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire Agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of Florida.

This Release has been read and fully understood by the undersigned and has been explained to me.

2.	Signature
3.	Date
	Example: January 7, 2019

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