

**EXERCISE & WELLNESS TUNE-UP PROGRAMS
PARTICIPANT INFORMED CONSENT WAIVER**

We request your understanding and cooperation in maintaining both your and our safety and health by reading and following this informed consent agreement. **Please print your name in each box and sign at the bottom.**

EXERCISE PROGRAM & MIND BODY MOVEMENT CLASSES

I, (*print name*) _____ declare that I intend to participate in the Wellness House Exercise Program such as exercise classes, exercise consultations, exercise workshops fitness assessments and/or Mind Body Movement classes.

I understand there is risk in participating in the Wellness House Exercise Program and Mind Body Movement classes relative to my own state of fitness and health (physical, mental and emotional) and to the awareness, care and skill with which I conduct myself. I acknowledge that my choice as a participant brings with it my assumption of those risks or results stemming from my choices, fitness, health, awareness, care and skill.

I understand each person, me included, has a varied capacity for participating in such activities, facilities, programs and services and I am aware that these are educational, recreational or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I further understand that personnel: certified, registered, licensed or otherwise at times conduct the activities. I accept this fact and that no claim is made to offer assessment or treatment by those who are certified, registered, licensed or otherwise.

I recognize that I may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, muscular cramps and nausea. I assume willfully risks that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity. I may also be requested to stop and/or rest by a facilitator who observes any symptoms of distress or inappropriate response. I understand that I may ask any questions or request further explanation of information at any time before, during or after my participation.

WELLNESS TUNE-UPS

I, (*print name*) _____ declare that I intend to participate in Wellness House Wellness Tune-ups such as Massage, Oncology Facial Massage, Craniosacral Therapy, Reiki, Healing Touch & Energy Touch.

I understand that Massage, Oncology Facial Massage & Craniosacral Therapy involve a variety of manual techniques that manipulate the muscles, soft tissues and/or cranial sacral system intended for stress reduction and relaxation. I also understand that Reiki, Healing Touch & Energy Touch are simple, gentle, hands-on energy techniques used for stress reduction and relaxation.

I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid for stress reduction and relaxation.

I understand that prior to my first session, I will receive an oral explanation and description of the service I will receive. I understand that I may refuse any and all services at any time. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

In further consideration of being permitted to participate in Exercise, Wellness Tune-ups and/or Mind Body Movement classes, I knowingly, voluntarily and expressly waive any claim I may have against Wellness House, its administration, class facilitators including but not limited to staff, contractors and/or volunteers for any injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I understand that I may ask any questions or request further explanation of information about the activities, facilities and Wellness House programs and services at any time before, during or after my participation.

I understand that these services are not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my physician or primary caregiver for any condition that I may have.

I have read the above release and waiver of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Signature _____ **Date** ____/____/____

I am under 18 yrs old, **Parent Signature** _____ **Date** ____/____/____