

Wellness and Prevention Program Disclosure Statement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the client, acknowledge that I am participating in a fitness and wellness program and that the goal of this program is prevention, fitness, maintenance and wellness. I understand that the goal is not to treat a specific problem, though my problems and goals will be addressed throughout each session. I am medically cleared by my physician to exercise. I understand that participating in this activity is at my own risk.

I further waive and release To Life! Therapy & Wellness, any insuring entity of the above, and their directors, officers, employees, volunteers, agents, representatives, or assigns, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons for any injury or disability which may occur as a result of my participation in the above activity. I am assuming all risks on behalf of myself that may arise from negligence or carelessness on the part of any of the persons or entities being released, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons.

Client Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_