

I, _____ understand that products and services offered by The Wellness Foundation support the body, mind, and soul's natural ability to create wellness in my life. I understand that The Wellness Foundation facilitators do not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that any form of healing, or any service provided by The Wellness Foundation does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physiological or psychological ailment I may have. I understand that any form of healing provided by The Wellness Foundation can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. The Wellness Foundation is not liable for my medical, mental, or emotional conditions before, during, or following any service provided by The Wellness Foundation.

I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, The Wellness Foundation, and/or any of their associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with The Wellness Foundation and/or any of their associates or affiliates.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Member Signature: _____

Date:

Month, Day, Year

Printed Name: _____

Address: _____
