

RELEASE OF LIABILITY FOR MELT METHOD CLASS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL (print clearly) \_\_\_\_\_

PHONE \_\_\_\_\_ Class Location \_\_\_\_\_

Please list any health-related conditions that you have or have had that could affect your ability to participate in class, including but not limited to surgeries, joint replacements, fusions, joint pain, auto-immune disorders, cancer, pregnancy, muscle, tendon or bone injury, and any chronic pain.

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ being aware of my own health and physical condition

1) Certify that my participation in MELT is a potentially hazardous activity. I have been informed of and understand and am aware, that any exercise and/or fitness activities involve a risk of injury, and that I am voluntarily participating in these activities with understanding and appreciation of the risks involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity.

INITIALS: \_\_\_\_\_

2) I understand that all information and services provided by Sharie Moss are of a general nature and are provided for educational purposes only. None of the information or services provided by Sharie Moss are to be taken as medical or other health advice pertaining to any specific health or medical condition that I have or may have had. The information and services provided by Sharie Moss are not a diagnosis, treatment plan or recommendation for a particular course of action regarding my health and are not intended to provide specific medical advice.

INITIALS: \_\_\_\_\_

3) I understand that I am learning MELT techniques for my own self-care and I can not teach any MELT techniques to any other group or population in a class setting until appropriately trained and licensed by Longevity Fitness. I understand that there are potential legal consequences for teaching this material directly or by teaching the techniques and calling it by another name.

INITIALS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_