ALIGN | integration movement

Please Print:
Name of Participant (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email:_____

Emergency Contact Name: _____Phone: _____

Would you like to receive the ALIGN newsletter to read Susan's blog on pelvic health, exercise and alignment tips, as well as updates on classes/events? Yes / No

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in an exercise program/ Restorative Exercise™ class. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall health. I understand that I am responsible for monitoring my own condition throughout my exercise class, and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.
In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with exercise classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the exercise class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

AGREEMENT AND WAIVER / RELEASE OF LIABILITY

1. In consideration of being permitted to participate in this activity, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of taking advantage of the services and activities offered by Align Integration and Movement PLC and/or Susan McLaughlin ("Align") .

2. In further consideration of being permitted to participate in the services and activities offered by Align; I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of my activities at Align.

3. I, my heirs or legal representatives do hereby release, waive, discharge and covenant not to sue Align, its employees, officers, members, and/or volunteers for any injury or death resulting from my participation in activities at Align.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (Required if under 18 years old): _____

Print Parent/Guardian Name: _____