

## INFORMED CONSENT AND RELEASE

I understand and acknowledge that the services provided by GRIT may involve various program activities recommended to improve my general health and well being, including a physical fitness program, nutritional counseling, psychotherapy, body work and coaching services. I hereby consent to voluntarily engage in such activities and understand that I may stop such participation at any time.

I further understand that any program of physical fitness and health involves the risk of injury and that I am undertaking this program at my sole risk. I also understand that it is my responsibility to inform GRIT of any medical conditions I may have or symptoms I may experience while engaging in program activities which may affect my ability to participate in this program.

I understand that attendance at GRIT sessions is voluntary and it is my responsibility to arrive on time for sessions. If I am unable to attend a session or anticipate arriving late, it is my responsibility to inform GRIT in a timely manner. I understand that cancellations made with less than four hours notice will result in full charge for session.

I hereby represent to GRIT that:

1. I have disclosed to GRIT any physical or mental conditions I have that may limit my participation in the program activities.
2. I have disclosed to GRIT all prescribed medications I am currently taking, and will promptly report any changes my provider or I have made with regard to these medications.
3. I understand that GRIT will not be responsible for my physical health, which will be monitored by my own provider. GRIT can and will not be liable for any physical health related complications.

In consideration for GRIT accepting me into this program, I hereby waive, release, discharge and agree to hold harmless GRIT from any claims, demands, damages or causes of actions whatsoever arising out of or connected with the services provided to me by GRIT and/or my participation in the program activities.

I acknowledge that I have read this document and understand it. Any questions which I may have had were answered to my satisfaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date