



TRISH FORTUNE  
W E L L N E S S C O A C H  
M I N D B O D Y S P E C I A L I S T , L M T

## Agreement of Release and Waiver of Liability

I, \_\_\_\_\_  
(full name of participant)

acknowledge that I am voluntarily participating in the stretch classes, private sessions, massage sessions, online sessions, and workshops; ("Wellness Sessions") offered by Trish Fortune (TF) during which I will receive information and instruction about posture, movement, nutrition, health and mindset.

Medical conditions: \_\_\_\_\_

1. I am aware that Wellness Sessions involve activities that may cause physical injury. I am voluntarily participating in the Wellness Sessions offered by TF with knowledge of the danger involved.
2. In consideration of being permitted by TF to participate in such Wellness Sessions, I hereby accept and assume any and all risks of injury and other damages, known or unknown, that I may incur from such participation.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Wellness Sessions. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in Wellness Sessions.
4. I am aware that TF and their officers, employees, representatives and agents are acting in reliance on the preceding statements in allowing me to participate in Wellness Sessions.
5. In further consideration of being permitted by TF to participate in Wellness Sessions, I hereby agree that I, my assignees, heirs, distributees, guardians or legal representatives forever release, waive, discharge and covenant not make a claim against, sue or attach the property of TF and their officers, employees, representatives and agents for any injury or damage resulting from their negligence or other acts, however caused, by any officers, employees, representatives or agents of TF during or at Wellness Sessions.
6. I hereby release TF and their officers, employees, representatives and agents from all actions, claims or demands that I, my assignees, heirs, distributees, guardians or legal representatives now have or may hereafter have against TF for injuries or damages that I may sustain as a result of participating in any and all Wellness Sessions offered by TF.
7. **Full payment is required for sessions cancelled with less than 24 hours notice.**

I have carefully read this agreement and fully understand its contents. I am aware that this is a release and waiver of liability and a contract between myself and TF and their officers, employees, representatives and agents and I sign it of my own free will. I will voluntarily agree to the terms and conditions stated above.

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_