

The Wellness Shop 365... Liability Waiver

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY FOR TRAINING, COACHING, TREATMENT & THERAPIES

By signing the form below, "I Accept":

I acknowledge that my participation in health and wellness coaching is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

Disclaimer:

We offer complementary and alternative health care services pursuant to "Colorado Natural Health Consumer Protection Act" SB13-215. We are not affiliated with any Naturopathic Doctors, nor do we practice any form of Naturopathic Medicine under sections 12-250-106, 107 and 111, C.R.S. The information available through this website and the services provided are not intended to be a substitute for obtaining professional medical advice, diagnosis, or treatment. The Wellness Shop 365, 365wellness.health & My365wellness.com. are not a licensed medical entity, is not affiliated with insurance entities, and does not practice medicine, or render medical advice.

Health and Wellness coaching and consulting involves many different approaches to a healthy wellbeing. These approaches include nutritional cleansing, physical exercise, recreational activities, supplementation, biofeedback scanning, biofeedback breathing techniques, auricular therapy, food testing, mineral supplement and nutritional scanning and testing, microcurrent and ten unit therapy through Wellness Pro Plus, RMR (resting metabolic rate) testing and body composition assessment through the use of calipers, skin folds, and digital scale, personal training, and customized exercise plans.

1. I understand that there is an inherent risk of injury and side effects when choosing to participate in any of the approaches (listed above) to improve my health and wellbeing. My participation is a voluntary activity in all respects, and I assume all risks of injury, illness, side effects (even death) that may result from such participation in any activities set forth in my health and wellness plan.
2. As the participant, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with wellness activities. I acknowledge that participation in these activities is voluntary.
3. I, on behalf of myself, do hereby fully release and discharge the Wellness Shop 365, LLC; My 365 Wellness.com, and 365 Wellness. Health and any of its coaches, consultants, and trainers, their agents, and employees from any and all liability claims and cause of action from injuries, illness, or side effects (including death), damages or loss which I may have, or which may accrue to me on account of participation in suggested wellness activities and therapies. This is a complete and irrevocable release and waiver of liability specifically and without limitation.
4. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness, (including death), side effects, damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in wellness activities.



Live Well, Live Wise, Live 365

5. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

6. I have been advised by my Wellness Coach/Consultant/Trainer, or The Wellness Shop 365, LLC employee to consult with a medical doctor or physician before I undertake any coaching, nutritional changes, cleansing therapies, or physical exercise program. These include, nutritional cleansing, physical exercise, recreational activities, supplementation, biofeedback scanning, biofeedback breathing techniques, auricular therapy, food testing, mineral supplement and nutritional scanning and testing, microcurrent and ten unit therapy through Wellness Pro Plus, RMR (resting metabolic rate) testing and body composition assessment through the use of calipers, skin folds, and digital scale, personal training, and customized exercise plans or other treatment and therapies.

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I am 18 years old or older, I understand that my signed waiver will be retained in my client personnel file. This document is binding upon me and my heirs, children, wards, personal representatives, and anyone else entitled to act on my behalf. By signing the form below, "I Accept".

All information requested below is required.

First Name (print) _____ Last Name (print) _____

Signature _____

Date _____

Email address _____

Phone number _____ Cell number (if different) _____

All information requested below is required if under 18.

Parent/Legal Guardian (if under 18)

First Name (print) _____ Last Name (print) _____

Signature _____

Date _____

Email address _____

Phone number _____ Cell number (if different) _____

