

# Cristabel Spa & Wellness

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Do you have any physical limitations that could be aggravated at any time during a walk (i.e. back, neck, shoulder or knee problems)? If so, please explain:

\_\_\_\_\_

**It is your responsibility to determine your ability to participate in the free Wellness Wednesday Walking Club (WWWC).**

Please read the following and ask if you have any questions. I understand that walking includes physical movements as well as an opportunity for relaxation, stress re-education and mindful breathing. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body and discontinue the activity. I assume full responsibility for any and all damages, which may incur through participation.

Walking is not a substitute for medical attention, examination, diagnosis or treatment. Walking may not be recommended under certain conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in walking. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to participate in the WWWC. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Cristabel Spa & Wellness, its owners, officers, employees, and/or instructors.

I have read and fully understand and agree to the above terms of this Agreement and Release of Waiver of Liability. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of North Carolina.

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

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_\_

