



Energy Health Concepts Liability Release Form

To: Energy Health Concepts

Event or Activity: Personal Training Group Personal Training Other _____

Participant (print full name) _____ **Age** (if below 18yrs) _____

I understand that participation in the above event or activity which might cause injury or harm to the above named participant could include actions or tasks which might be hazardous to the participant.

By signing below I take full responsibility for any risk, injury or harm which may result from my participation in any event or activity. I waive all rights and any causes of action I, or my respective heirs and assigns may have, in respect of any harm, injury or damage I may suffer as a result of my participation in any event or activity. I further release Energy Health Concepts, their agents or employees from any costs or damages which may arise from any such participation.

If the participant is a minor (under 18 years);

I, being the parent or guardian of _____ consent to him/her participating in the event/ activity and further consent to EHC, their agents or employees seeking emergency medical treatment if deemed to be necessary by EHC , their agents or employees. I take full financial responsibility for any costs associated with any emergency treatment required.

Signature of Participant _____ **Date** ____/____/____

Name of Parent or Guardian (if participant is below 18yrs) _____

Signature of Parent or Guardian _____ **Date** ____/____/____