

# True Touch Massage Therapy and Fitness

## TTMT Waiver of Liability/Informed Consent for in Person and Online

I (or my son or daughter), \_\_\_\_\_, have/has enrolled in a program of strenuous physical activity including, but not limited to, a cardio/aerobics and/or strength and flexibility exercise program or fitness test offered by True Touch Massage Therapy & Fitness. I hereby affirm that I (or he or she) am/is in good physical condition and so not suffer from any disability that would prevent or limit my participation in the exercise program.

In consideration of my participation in any exercise program, I, for myself (or son or daughter), my heirs and assigns, hereby release True Touch Massage Therapy and Fitness & employees, from any claims, demands, and causes of action arising from my participation in the exercise program in person or online.

I fully understand that I (or my son or daughter) may injure myself/themselves as a result of my participation in an exercise program and I hereby release True Touch Massage Therapy and Fitness Employees from any liability now or in the future including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program. Furthermore, it is my responsibility to monitor any individual performance during the activity. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

I hereby affirm that I have read and fully understand the above.

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

If under 18 please have your parent/guardian sign here: \_\_\_\_\_

### Of over 50 or have any injury please see request a PARQ form to fill out

Participant Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact during class time: Name \_\_\_\_\_ Number: \_\_\_\_\_

Allergies, Medications, or things we should know in the unlikely event of emergency:

---

---

- I WOULD like emails when other classes are being offered by this company
- I would NOT like emails when other classes are being offered by this company