

INFORMED CONSENT AND RELEASE

I understand and acknowledge that the services provided by Total Health Concepts, LLC, may involve various program activities recommended to improve my general health and well being, including a physical fitness program, nutritional counseling, psychotherapy, body work and coaching services. I hereby consent to voluntarily engage in such activities and understand that I may stop such participation at any time.

I further understand that any program of physical fitness and health involves the risk of injury and that I am undertaking this program at my sole risk. I also understand that it is my responsibility to inform Total Health Concepts, LLC, of any medical conditions I may have or symptoms I may experience while engaging in program activities which may affect my ability to participate in this program.

I hereby represent to Total Health Concepts, LLC, that:

1. I have disclosed to Total Health Concepts, LLC, any physical or mental conditions I have that may limit my participation in the program activities.
2. I have disclosed to Total Health Concepts, LLC, all prescribed medications I am currently taking, and will promptly report any changes my physician or I have made with regard to these medications.
3. I understand that THC will not be responsible for my physical health, which will be monitored by physician. THC can and will not be liable for any physical health related complications.

In consideration for Total Health Concepts, LLC, accepting me into this program, I hereby waive, release, discharge and agree to hold harmless Total Health Concepts, LLC, from any claims, demands, damages or causes of actions whatsoever arising out of or connected with the services provided to me by Total Health Concepts, LLC and/or my participation in the program activities.

I acknowledge that I have read this document and understand it. Any questions which I may have had were answered to my satisfaction.

Signature

Print Name

Date