



Total Health Concepts, LLC
115 Beulah Road NE, Suite 200-B
Vienna, VA 22180

INFORMED CONSENT AND RELEASE

I understand and acknowledge that the services provided by Total Health Concepts, LLC (“THC”), may involve various program activities recommended to improve my general health and well-being which may include, but are not limited to, a physical fitness program, nutritional counseling, psychotherapy, body work, massage 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 THC any physical or mental conditions I have that may limit my participation in the program activities.
2. I have disclosed to THC 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 my physician. THC cannot 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, including its members, managers, directors, officers, employees, contractors, and/or agents , from any claims, demands, damages or causes of actions of any kind or nature whatsoever which may arise in connection with, or as a result of, the direct or indirect services provided to me by Total Health Concepts, LLC and/or my participation in the program activities. Additionally, I hereby agree that I, my spouse, parents, heirs, assigns, distributes, guardians, successors-in-interest, and/or legal representatives will not make a claim against, or file any legal action of any kind or description against, Total Health Concepts, LLC including, but not limited to, any action or claim for damages, injury, emotional distress, bodily injury, death or punitive damages due to, or resulting from, my participation in THC’s programs.

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

Signature

Date

Print Name