

# W.E.L.L. Alignment Waiver of Liability

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Heidi MacAlpine, OTD, M.Ed, OTR/L, OT - 004663-1, provides occupational therapy services.

I, \_\_\_\_\_ (participant), hereby agree to the following:

I am aware that participation in Occupational Therapy during this visit and the modalities utilized as part of the therapy services or wellness programs, including but not limited to yoga, Tai Chi, and myofascial release (MFR) techniques, may result in accident or injury, and I assume the risk connected with the participation. I represent that I am in good health and suffer from no physical impairments that I have not already disclosed to the instructor that would limit my use of any of W.E.L.L Alignment facilities or services. I acknowledge that W.E.L.L. Alignment has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that W.E.L.L. Alignment, it's officers, employees and agents shall not be liable for any claim, demand, of cause of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any exercise or activity within or without W.E.L.L. Alignment on premises and I agree to hold W.E.L.L. Alignment harmless from injuries that occur as a result of not following protocol and directions provided. I acknowledge that I have the choice to participate in all or just some of the suggested movements and positions. All stretches and movements I choose to participate in are of my choice and not forced upon me. I acknowledge that I have the option to simplify a stretch or movement or withhold from completing a stretch or movement.

I feel it is important for my instructor/practitioner to know I/my child has the following medical conditions: \_\_\_\_\_

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Print name:

Address:

Phone Number:

Emergency Contact Number:

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

