

**SERVICES AGREEMENT AND WAIVER**

The following agreement outlines Project Wellbeing’s service and program guidelines. This should be completed on or prior to your first service. This agreement is effective for all current service purchases and any services purchased thereafter.

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**POLICIES**

The following policies should be read thoroughly and initialed to acknowledge understanding. Please be sure to ask any questions on the information provided below.

- \_\_\_\_\_ All service purchases are non-refundable and non-transferable.
- \_\_\_\_\_ Scheduled appointments must be cancelled at least 24 hours in advance.
- \_\_\_\_\_ All appointments not cancelled within the 24-hour timeframe are subject to charge.
- \_\_\_\_\_ Service packages expire three months after the date of purchase.
- \_\_\_\_\_ Payments should be made prior to receiving service/s.

**RELEASE AGREEMENT**

Project Wellbeing client is aware that participation in a sport or physical exercise may result in accident or injury, and assumes the risk connected with such participation. Client represents that he/she is in good health and suffers from no physical impairment, which would limit their use of the facilities or any physical impairments have been disclosed on the Par-Q. Client acknowledges that the staff has not and will not render any medical services including medical diagnosis of Client’s physical condition. Client specifically agrees that Project Wellbeing, it’s officers, and employees shall not be liable for any claim, demand, cause of action of any kind resulting from or related to Client’s use of facilities or participation in personal services and fitness programming within or without the facility premises, and the client agrees to hold Project Wellbeing harmless.

Client Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

## Client Waiver Form

Please take a moment to read and initial the following information:

\_\_\_ I understand that any form of bodywork is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation, range of motion and energy flow.

\_\_\_ If I experience pain or discomfort during the session, I will immediately inform my practitioner so that pressure can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.

\_\_\_ I affirm that I have notified my practitioner of all known medical conditions and injuries.

\_\_\_ I agree to inform my practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the instructors' part should I forget to do so.

\_\_\_ I understand that stretch therapy sessions are designed to assist in greater stretch gains and are non-sexual in nature.

\_\_\_ I understand that there is a **24-hour cancellation policy**. If I am unable to cancel before that time, I will be responsible for the costs associated with that session.

\_\_\_ I agree that in the event my insurance refuses payment for any session, I am fully responsible for paying my outstanding balance.

**\_\_\_ I understand that the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.**

By signing this release, I hereby waive and release my practitioner from any and all liability, past, present, and future relating to the kinesiology, corrective exercise, strength and conditioning, fascial stretch therapy, myoskeletal alignment therapy, bodywork, and massage therapy appointments. I understand these policies and authorize Project Wellbeing to assess cancellation and no-show fees according to the above outlined policies to the credit card below. I have read and agree to these policies therein.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent signature (if under 18 yrs): \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Information

Visa

MasterCard

Discover

American Express

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp: \_\_\_/\_\_\_

Yes, please keep this credit card on file to be used for session fees.

**Project Wellbeing LLC**  
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