

ISW™
Integrative Somatic Wellness, LLC
2210 Encinitas Blvd., Suite G-2
Encinitas, CA 92024
IntegrateSoWell.com
858-945-4610

Liability Release Form

In consideration for participation in the Integrative Somatic Wellness, LLC and Agape Pilates program (ISW™) and in related events and activities that are a part of the ISW™ program with Katina Tsakopoulos, the undersigned acknowledges, appreciates and agrees to the following terms and conditions regarding participation and the client's use of facilities.

Physical condition of client:

I _____ represent, warrant, and agree that I am in good physical condition and that I have no disability, impairment, or ailment that will prevent me from engaging in active or passive exercise, or that would be detrimental to my health, safety, comfort, or physical condition, should I engage in active or passive exercise. **I acknowledge that the practitioner recommended that I consult with my physician and receive approval prior to beginning this program.** _____

I understand that it is my responsibility to inform the practitioner of any pain experienced before, during, or after participating in the exercise and movement program so that the exercise may be immediately modified or terminated if necessary. _____

If the statement above should change, I will notify my ISW™ practitioner prior to participating in any future sessions. It is my responsibility to tell my practitioner if there are any changes in my health that would negatively affect my participation. _____

It has been explained to me that my ISW™ practitioner is not a therapist and does not practice psychotherapy, even though conversations are part of the experience. Confidentiality applies to all sessions. _____

Touch in the form of Somatic Experiencing, Somatic Practice, tactile corrections, as well as passive and active stretching can be a part of the work used in helping guide you through physical movement and emotional movement. You agree that you are ok with this type of purposeful touch **AND if at any time you do not feel comfortable with touch you will stop the session and immediately verbally communicate your concerns to your ISW™ practitioner.** _____

- The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, _____
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, _____
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the practitioner; and, _____
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless ISW™, Katina Tsakopoulos, her agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event (“Releasees”), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. _____

CANCELLATION POLICY: I value your time and I will make sure to start and finish on time as well as be prepared for our session together. CANCELLATION MUST BE MADE WITHIN 24 HOURS OF SCHEDULED SESSION in order not to be charged for the full session. _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Client Name, Please Print

Telephone Number

Address

Email

Address

Emergency Contact (relationship/number)

Client Signature Date

Practitioner Signature Date