

Liz Jones Wellness, LLC
Jones Wellness Ranch
9829 County Road 1067
Greenville, TX 75401
715-684-9297
www.lizjones.co

YOGA and BODYWORK and PERSONAL TRAINING RELEASE AND CONSENT

I being aware of my own physical condition and the risks involved, am voluntarily participating in physical activities at Liz Jones Wellness or during training activities elsewhere. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. I agree to assume full responsibility for any risks, injuries or damages which I may incur as a result of participating in the program. Furthermore, I release Elizabeth Jones, Liz Jones Wellness, LLC, Jones Wellness Ranch, its instructors, agents, representatives, employees, contractors, successors and assigns, from liability for any injury, damages, illness or death I may incur, now or in the future, as a result of participating in these activities or as a result of any negligent act or omission.

I agree to notify the practitioner of any injuries, disabilities or conditions (including pregnancy) may limit (to any degree) your ability to participate in physical activities.

I agree to inform each practitioner of any condition(s) so that she/he may suggest appropriate precautions. However, I acknowledge yoga instructors/bodyworkers/personal trainers are NOT medical professionals. I agree to check with a physician or healthcare provider about the appropriateness of specific activities for any condition.

I hereby give my consent to all photographs, audio and/or video recordings taken of me by Liz Jones Wellness, LLC and Jones Wellness Ranch staff or their designee. I understand that any such photographs, audio and/or video recordings become the property of Liz Jones Wellness, LLC and Jones Wellness Ranch and may be used by them, or others with their consent, for educational, instructional, or promotional purposes in broadcast and electronic media formats now existing or in the future created. I hereby release Liz Jones Wellness, LLC and Jones Wellness Ranch and its teaching staff, employees and agents from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of these images. I further acknowledge that I will not be compensated for these images and that Liz Jones Wellness, LLC and Jones Wellness Ranch exclusively owns all rights to the images and recording.

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I have read and understood the above statement and voluntarily agree to its terms and conditions.

In checking the box below I agree that is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Confidential Client Intake Form and Release of Liability

Name: E-mail: .

Address: Home phone: .

City, State, Zip: Cell phone: .

DOB: Work phone: .

Occupation: Referred by: .

Emergency contact: Phone: .

Physicians name: Phone: .

General Health Information

Have you had professional bodywork before? If yes, how often do you receive bodywork? .

Do you have any allergies or sensitivities to oils, lotions, scents, etc? .

What are your exercise habits? .

How much water do you drink daily? .

Are you under the supervision of a physician for any health concerns? .

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Any current medications? .

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Any surgical history? .

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Please mark an (X) for current conditions and a (P) for past conditions

Abdominal/Digestive problems Chronic pain Hernia Rheumatoid Arthritis

AIDS/HIV+ Circulatory/Heart problems High/Low Blood Pressure
 Sciatica

Headaches Currently pregnant Insomnia Severe Tension/Stress

Anxiety Depression Migraines Spinal disorders

Arthritis Diabetes Muscle Spasms/Cramps Sprains/Strains

Asthma or lung conditions Disc Problems Muscle injuries
Varicose veins

Blood clots Fatigue Numbness/tingling Rash/fungus

Carpal Tunnel Fibromyalgia Osteoarthritis Tendonitis/Bursitis

Cancer Lupus Osteoporosis TMJ (jaw pain)

Other: .

Reason for today's visit

What would you like to focus on with today's treatment?

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How long have you been having this issue? .

Have you sought medical attention for this issue? .

Have you tried and/or gotten relief with any other treatments? .

.

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Please rate on a scale from 0 – 10 (10 being very high)

Stress Pain Energy

Please circle any areas of pain or tension on the diagram to the right

Please mark with an "X" any areas you would like avoided

(genital and breast areas will always be avoided)

Bodywork Client Waiver Form

Please take a moment to read and initial each of the following statements:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that

pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any

pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my

therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical

or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform

the therapist of any changes in my health and medical condition. I understand that there shall be no

liability on the therapist's part should I forget to do so.

I understand that bodywork is entirely therapeutic and non-sexual in nature.

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By signing this release, I hereby waive and release my practitioner from any and all liability, past, present, and future relating to massage therapy and bodywork.

I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

Information and Suggestions

o Prior to your bodywork, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.

o In general, Vedic Thai Bodywork is done while clothed in yoga or workout gear. However (loose, comfortable clothing will not interfere with your treatment).

During Vedic Thai Bodywork towels and sheets are used to cover you occasionally, and you will be on the mat in just your clothing primarily your session. This is your session and you should be as comfortable as possible, if you would like to remain covered in a towel, please let the practitioner know.

o Feel free to ask your practitioner any questions before, during, or after the session. Your practitioner is a highly trained professional and wants to make you feel informed and comfortable.

I have received the policy statement, and have read and agree to the policies therein.

Client name:

Client signature:

Date:

Practitioner: Liz Jones