



RELEASE OF ALL CLAIMS

In consideration of utilizing the personal services of PRESCRIPTIVE HEALTH, LLC I release and forever discharge for myself, my heirs, executors, and Prescriptive Health, LLC from all claims, demands, actions, and causes of action for personal injury or any other damages now existing or which may hereafter arise out of or be in any way related to participation in the prescribed exercise program. By signing this document I acknowledge that I have chosen to participate in a program of physical exercise. I acknowledge being informed of the physical nature of the program and the potential for unusual, but possible, physiological results including, but not limited to changes in blood pressure, fainting, muscle soreness, and fatigue. I assume all risk for my health and well being and hold harmless any responsibility of Tanya Miszko Kefer and Prescriptive Health, LLC.

Printed Name: _____

Signature: _____ Date: _____

Email: _____

Phone: _____

Who referred you to our class? _____

I would like to be added to the email mailing list: YES _____ NO _____

