

IntegriTEA with Meggie B Empowerment Coaching Services

Personal information & Liability Waiver

Personal Information:

Name: _____

Email: _____

Address: _____ City, State, Zip: _____

Date of Birth: _____

Phone: _____

In the event of an emergency, please contact: _____

Phone: _____

Names of any minors under the age of eighteen who may accompany me:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Photography/Video Release

Participants involved in any activities offered by IntegriTEA with Meggie B Empowerment Coaching Services may be photographed or videotaped during the services. The undersigned hereby consents to the use of these images and/or videos without compensation on the company's website, social media publication or in any editorial, promotional or marketing/advertising material produced and/or published by IntegriTEA with Meggie B Empowerment Coaching Services.

Initial _____

I do not consent to being photographed or videotaped. _____

Liability Waiver and Release:

In consideration for the right to participate in IntegriTEA with Meggie B Empowerment Coaching Services, I agree to the following terms:

I recognize and understand that activities offered by IntegriTEA with Meggie B Empowerment Coaching Services may include but are not limited to the following activities: lifestyle coaching, tarot, yoga, meditation, expressive art therapy, sound and vibration therapy, polarity therapy, Reiki, mindfulness and fitness classes.

I recognize that because physical exercise (if applicable) can be strenuous and subject to risk or serious injury, or death, I have been urged to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. **I agree that by participating in the physical or emotional exercises or training activities, that I am doing so at entirely my own risk.** I represent that **I have no medical condition that would undermine my safety** in engaging in highly strenuous physical activity.

I recognize that any recommendation for changes in diet, including the use of supplements are entirely my responsibility and that it is my responsibility to consult a physician prior to undergoing any dietary or nutritional supplement changes.

I recognize that meditation and other relaxation therapies are not intended to replace medical intervention for trauma, depression or other related conditions. I understand that services offered by IntegriTEA with Meggie B Empowerment Coaching Services are not offered as a substitute for psychotherapy or clinical mental health care and are not intended to diagnose, treat or cure any mental health or medical conditions. I understand that any agent of IntegriTEA with Meggie B Empowerment Coaching Services are not acting as a medical professional, despite professional credential.

I agree that I am using these facilities and premises at my own risk and **I voluntarily assume all risks of injury, illness or death.**

I acknowledge that IntegriTEA with Meggie B Empowerment Coaching Services and their agents reserve the right to terminate or refuse access to services at their sole discretion.

I understand that IntegriTEA with Meggie B Empowerment Coaching Services are not responsible for the safety or supervision of any accompanying minor children.

I recognize that IntegriTEA with Meggie B Empowerment Coaching Services is not responsible for the loss of any personal property.

I acknowledge that I have carefully read this waiver and understand that it is designed to be as comprehensive of a release of liability allowed by Ohio law. **I expressly agree to release and discharge any agent of IntegriTEA with Meggie B Empowerment Coaching Services from any and all claims, causes of action relating to my physical activities or mental or emotional distress in association with the services of IntegriTEA with Meggie B Empowerment Coaching Services.**

To the extent that Ohio law does not prohibit releases from negligence or omissions, this release is also designed to cover any negligence or omissions on behalf of IntegriTEA with Meggie B Empowerment Coaching Services. I recognize there are inherent risks in engaging in physical, mental, or emotional exercises and I acknowledge that there is danger in physical, mental or emotional activity that utilizes psychological techniques, physical equipment and physical exercise. No matter the degree of encouragement to participate in an activity, **I recognize it is my responsibility to be aware of the degree of physical, emotional or mental activity that is safe and healthy for my body and wellbeing and that no one can perfectly determine the amount or intensity of activity that my body or my mental capacity can maximally withstand.** To the greatest extent possible, I waive any claim of negligence against IntegriTEA with Meggie B Empowerment Coaching Services or its agents, including claims concerning equipment or facility malfunctions, including but not limited to: slipping and falling, the sudden shifting of equipment, and the actions of other patrons of IntegriTEA with Meggie B Empowerment Coaching Services.

If any portion of the Waiver and Release is deemed by a court to be invalid, then the remainder of this document shall remain in full force and effect and the offending provision(s) shall be severed from this document.

Jurisdiction arising from any claim related to my activity at IntegriTEA with Meggie B Empowerment Coaching shall be in a proper court venue in Allen County, Ohio.

I understand all fees and monies paid to IntegriTEA with Meggie B Empowerment Coaching Services are non-refundable.

I understand that the content of this document can not be modified orally, but must be in writing, signed by all parties, including an authorized agent of IntegriTEA of Meggie B Empowerment Coaching Services.

I agree that this document shall be binding on me, my successors, representatives, heirs, executors and assigns.

I have had plenty of time to review the terms of this document and ask questions as to the contents of this document. In addition, I recognize that it is my right to have this document reviewed by legal counsel and I acknowledge that I understand the contents and implications of this document.

Date: _____

Signature of Participant

Printed Name of Participant

Signature of Agent of IntegriTEA with Meggie B
Empowerment Coaching Services