



Agreement of Release and Waiver of Liability

Ayurveda is currently considered a form of complementary and alternative medicine in the United States. It is not licensed by any state as a medical discipline or practice. All services and treatments provided are complementary or alternative to health care services provided by licensed health care practitioners. Ayurveda is complementary to and supportive of traditional western medicine as practiced in the United States and does not replace medical diagnosis and treatment.

I understand that **Jill Curtis** is an Ayurvedic Health Counselor and Ayurvedic Digestive Health Coach who will provide me with information on the Ayurvedic approach to health care, which may affect my diet, lifestyle, and health in a positive way. I understand that **Jill Curtis** is not a medical doctor or licensed medical practitioner, has not presented herself as such, and does not seek to diagnose, treat, or prescribe for disease, disorder, or other pathological conditions. I agree that I am interested in enhancing my own abilities to heal and establish health in mind and body, and this is the reason I have sought these Ayurvedic consulting services. I agree that I may consult a licensed physician for any concern, at any time, about any disease or pathology, which now exists or arises at any time during my professional relationship with **Jill Curtis**.

Furthermore, I understand that **Jill Curtis** encourages regular medical checkups from a licensed medical professional of my choice, and that any medication that I am now taking upon my licensed physician’s advice, or will take in the future, is taken strictly according to my licensed physician’s directions. Furthermore, that only a licensed physician of my choice can advise on medication dosages or the discontinuance or resumption of such medication.

My signature below acknowledges the above statements as fully read and understood.

Client’s signature _____

Printed name _____

Date _____



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops offered by **Jill Curtis** during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Exercise Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against **Jill Curtis** for injury or damages that I may sustain as a result of participating in the program.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPATE _____

Date _____