



Physical Fitness Participation Questionnaire & Waiver

Statement of Intent:

I, Jessica N. Martel, am a Holistic Health Practitioner, a wellness educator, a herbalist, a personal trainer, a Primitive Reflex Integration facilitator, a certified ArōmaTouch Technique Technician, EFT/TFT Practitioner, Kidding Around Yoga Facilitator and a Minister from the Universal Life Church.

I am not a physician or psychologist by the standard of the American Medical Association. I do not diagnose or treat disease. I assist my clients in their desire to support the innate healing response of their body through education of food, herbs, essential oils, nutritional supplements, relaxation techniques & personal exercise programs.

Client information:

Date: _____

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

TEXT: YES/ NO

TEXT: YES/ NO

LEAVE VOICE MAIL: Y/N

LEAVE VOICE MAIL Y/ N

EMAIL: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

RELATIONSHIP TO CLIENT: _____

Please share the condition/ current treatment / any treatment plan you're currently following for any health, medical, or emotional condition(s).

Please share any herbal or other supplements, amounts, and how frequently you use them:

List any prescription or recreational drugs you take regularly:

Have you had any significant illnesses, surgeries or hospitalizations in the past? If so, please share:

I have provided my known physical and medical conditions. I understand that any physical exercise routine I participate in is of my own volition and I am responsible for modifying my movements as needed to remain within my known limits.

Participation in Transformation Haven activities is for physical fitness support purposes only, not for diagnostic or treatment purposes. My participation in fitness and/or wellness gatherings/classes/ activities is of my own volition and moderated by myself.

I will not hold Jessica N. Martel, Transformation Haven, nor any of Transformation Haven's officers, responsible for the outcome of any choices I makes resulting from events I participate in. I fully understand that Jessica N. Martel is not a medical doctor and does not diagnosis, make specific suggestions, nor prescribe any medications or other substances, and that any services or products I choose to incorporate into my lifestyle are due to my own choices.

I understand that any information shared in programs with Jessica N. Martel is not meant to take place of medical care or treatment for any physical or emotional problem or condition, but is solely for the purpose of supporting wellness in my body through the empowerment of education.

Any choices that are made as a result of participation with Transformation Haven, are made by myself alone, on my own behalf.

Signature of client: _____

Client Printed Name: _____

