



THE WELL MIND, PLLC

Address: 213 W. 6th Street, W-S, N.C. 27101 | **Website:** TheWellMindPLLC.com | **Phone:** 336.505.9355 | **Email:** TheWellMindPLLC@gmail.com

WAIVER

I, (print name) _____, understand that by signing this release, I waive any and all claims against The Well Mind, PLLC, and/or its staff for any liability including but not limited to personal/bodily injury (including death) and consumer property loss or damage during involvement in any service, session, class or activity provided or sponsored by The Well Mind, PLLC. Consumer participation is voluntary, so the undersigned acknowledges the risks of potential injury associated with any aspect of activity participation.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

WAIVER FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ understand that by signing this release, I waive any and all claims against The Well Mind, PLLC and/or its staff for any liability including but not limited to personal/bodily injury (including death) and consumer property loss or damage during involvement in any class or activity sponsored by The Well Mind, PLLC. Consumer participation is voluntary, so the undersigned acknowledges the risks of potential injury associated with any aspect of activity participation.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)

Signature of Consumer/Guardian

___/___/___
Date

Witness Signature

___/___/___
Date