

# Evergreen Self Discovery Systems

## Liability Waiver and Release for Treatment and Healing Sessions (“Waiver and Release”)

I \_\_\_\_\_(Name) understand that Jay and Jenn Bartholomew (“Jay and Jenn”), owners of Evergreen Self Discovery Systems (“**Evergreen**”) are qualified instructors as well as master practitioners of Evergreen Self Discovery Systems (**ESDS**).

One of the guiding principles of **ESDS** is to dispel tension/trauma in order to support and promote good health. In addition to treatment, **ESDS** focuses on strengthening the body's defenses and enhancing its capacity for healing. **ESDS** encompasses how the human body interacts with all aspects of life and the environment, including diet and emotional states. In **ESDS**, the key to health is the harmonious and balanced functioning of body, mind and spirit, and on the unobstructed flow of qi or "life energy." I understand that **ESDS** practitioners see dis-ease as the result of disruptions in the circulation of qi and that **Evergreen** will seek to eliminate such disruptions.

I have asked permission to take advantage of the **ESDS** treatment and healing sessions offered by **Evergreen** because I am interested in enjoying a calmer state of mind and improved overall health and well being. I am particularly interested in receiving treatment for:

- |           |           |
|-----------|-----------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |
| (5) _____ | (6) _____ |

*(Please list conditions, diseases, degenerative or age related problems such as arthritis, or others such as allergy, insomnia, headache, chronic pain, etc. Please continue on the back of this Waiver and Release, as necessary).*

I have requested **ESDS** healing from **Evergreen** understanding that my active participation in the improvement of my own health will be essential to the healing process, and my cooperation with and adherence to the advice, and lifestyle changes recommended by Jay and Jenn will be expected if the healing process is to be productive. I understand that Jay and Jenn may integrate posture, body movements, breathing and focused intention, as part of my treatment, and that Jay and Jenn may seek to open my body's blockages by stimulating movement both energetically and physically along the fascia and muscles of my body. I expressly consent and agree to permit Jay and Jenn to brush, knead, roll, press, step and rub my arms, legs, back and abdomen as well as use range of motion and traction of my joints.

Even in healing environments such as the one created by **Evergreen**, there is always some risk of unintentional harm. **ESDS** may involve physical activity and, as with exercise or movement of any kind, including use of the techniques described above, the potential for injury can exist. Every person's health condition is unique. For that reason, I will make **Evergreen** aware of all known or suspected concerns or limitations that should be considered before permitting me to participate in healing sessions. I understand, however, that ultimately I am expected to and will take full responsibility for myself. I agree to act carefully and thoughtfully, and to avoid subjecting myself to unnecessary or unreasonable risk. I will avoid all activities or treatment applications that cause pain, discomfort or otherwise feel inappropriate due to my age, mental or physical condition. I expressly consent to participate in **ESDS** healing sessions and to follow the advice offered by **Evergreen**. If I should experience any real or suspected injury, however minor, as the result of my participation in **ESDS** healing sessions, I will promptly notify Jay or Jenn, discontinue the activity/application immediately and contact my doctor as soon as possible thereafter.

*Therefore*, in consideration of my ability to participate in the **ESDS** healing sessions offered by them, I, my heirs, assigns, and representatives, hereby waive, release, and discharge **Evergreen**, and Jay and Jenn, individually, from all responsibility, liability and legal or other causes of action arising out of or related to such participation.

*By my signature on this Acknowledgment and Release*, I confirm that I have been advised to consult with legal counsel if deemed necessary, and/or my personal physician before commencing my participation in **ESDS** treatment and healing sessions, and that I am participating in **ESDS** voluntarily and at my sole risk. I have read this Waiver and Release carefully, and I understand in signing it, that I am executing a legally binding and fully enforceable contract.

Finally, I wish to approach **ESDS** with optimism and an open heart. I understand that despite asking me to execute this Waiver and Release, which all parties agree is a legal necessity, both **Evergreen**, and Jay and Jenn individually, intend to approach their treatment of me with the same optimism and the same open heart.

Signature: \_\_\_\_\_

Name:  
(Print) \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_