

RELEASE OF LIABILITY FOR MELT METHOD CLASS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL (print clearly) \_\_\_\_\_

PHONE \_\_\_\_\_

Please list any health-related conditions that you have or have had that could affect your ability to participate in class, including but not limited to surgeries, joint replacements, fusions, joint pain, auto-immune disorders, cancer, pregnancy, muscle, tendon or bone injury, and any chronic pain.

\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ being aware of my own health and physical condition

1) Certify that my participation in MELT is a potentially hazardous activity. I have been informed of and understand and am aware, that any exercise and/or fitness activities involve a risk of injury, and that I am voluntarily participating in these activities with understanding and appreciation of the risks involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity.

INITIALS: \_\_\_\_\_

2) I understand that all information and services provided by [Susan M. Blakes, LMT, LMBT, CPT] are of a general nature and are provided for educational purposes only. None of the information or services provided by [Susan M. Blakes, LMT, LMBT, CPT] are to be taken as medical or other health advice pertaining to any specific health or medical condition that I have or may have had. The information and services provided by [Susan M. Blakes, LMT, LMBT, CPT] are not a diagnosis, treatment plan or recommendation for a particular course of action regarding my health and are not intended to provide specific medical advice.

INITIALS: \_\_\_\_\_

3) I understand that I am learning MELT techniques for my own self-care and I can not teach any MELT techniques to any other group or population in a class setting until appropriately trained and licensed by Longevity Fitness. I understand that there are potential legal consequences for teaching this material directly or by teaching the techniques and calling it by another name.

INITIALS: \_\_\_\_\_

**General Photography Release**

I hereby authorize [Susan M. Blakes, LMT, LMBT, CPT] to publish photographs taken of me at any MELT class or workshop, and my likeness, for use in [Susan M. Blakes, LMT, LMBT, CPT] or MELT's print and online marketing materials.

I hereby release and hold harmless [Susan M. Blakes, LMT, LMBT, CPT] from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type for these photographs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please send me the MELT Method online newsletter.