

Release of Liability

1. I, _____, understand there are always risks of accidents and injuries when partaking in any activity. I take full responsibility for my conduct and actions and warrant that I do not have a medical condition that renders me unfit to participate in activities with Providence.

2. I release Providence from any and all damage and/or harm that may result directly or indirectly from my participation.

3. Furthermore, I agree to indemnify Providence and its employees and will hold them harmless from any liability which may arise from incidents or accidents involving myself while on the premises, to the extent allowed by the law governing the jurisdiction in which this agreement is concluded.

4. This agreement will not serve to indemnify either party from liability arising from that party's willful and/or gross negligent conduct.

Participant's Signature _____ Date _____

*Where the participant is a minor:

Parent/Guardian Signature _____ Date _____

Providence Staff Signature _____ Date _____

Notification Consent

I consent to receive appointment reminders and occasional communication by text message or email.

Client Signature _____ Date _____

Phone Number _____

Email _____