



APPLICATION AND CONSENT FOR RESISTANCE STRETCHING/MASHING

I hereby apply for a standard session or series of Ki-Hara resistance stretching/mashing with Alison Hyde.

I fully understand the purpose of Ki-Hara resistance stretching is to help restore balance and alignment of the muscles and fascia in the physical body so that it is supported during 3 dimensional movement. This is done through direct manipulation and education to help achieve more efficiency and freedom of movement.

I understand Alison Hyde/StL ProStretch is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed.

The Practitioner of Ki-Hara resistance stretching does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by the Ki-Hara Resistance Stretching Practitioner should be misconstrued to be such.

I understand it is necessary for the Ki-Hara Resistance Stretching Practitioner to touch my body in order to assist me in establishing balance and alignment in my body.

I give Alison Hyde my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Ki-Hara Resistance Stretching.

NAME _____ PHONE _____

ADDRESS _____

DATE _____

E-Mail _____



PERSONAL HISTORM FORM

(Confidential)

Your general physical state at present: _____

Major physical injuries/disabilities/diseases: _____

History of surgeries: _____

Are you presently under medical treatment/medication for chronic illness (allergies, diabetes, etc.): _____

Are you in psychotherapy (past/present): _____

Physical discomforts, be specific: _____

Sports/physical activities/interests: _____

What are your goals for the resistance stretching:



RELEASE AND WAIVER OF LIABILITY

I, _____ intend to participate in resistance stretching, yoga, mashing, personal trainer led by practitioner Alison Hyde, and in consideration for Alison Hyde agreeing to my participation and enrollment, I HEREBY EXPRESSLY AND AFFIRMATIVELY AGREE TO THE FOLLOWING:

I realize that my participation in yoga, resistance stretching, mashing and personal training as with any sport involves various risks of physical injury or accident. I have been informed and do understand that there exists the remote possibility that I may experience adverse injuries or impairments, including fainting, abnormal blood pressure, disorders of heart rhythm, rare instances of heart attack, stroke, or even death, as well as other risks of injury or impairment including serious disabling injuries, due to my participation in a sport or activity such as Yoga or resistance stretching. I am voluntarily participating in these physical activities with the knowledge of the dangers involved and that it is my choice to participate or not to participate (in full or in part) in any stretching or yoga activities as I see fit and that the practitioner is not obligated to question my choice to participate. I fully understand and I hereby expressly assume all of the delineated risks connected with my participation in resistance stretching, mashing, yoga, or personal training and all other possible risks of injury.

IF YOU UNDERSTAND AND AGREE PLEASE INITIAL _____

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illnesses that would prevent my participation in any sport including yoga, resistance stretching and mashing. I acknowledge that I have been informed of the need or desirability for a physician's approval of my participation in exercise/fitness activities and that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to recommendations concerning physical exercise. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities without that approval.

IF YOU UNDERSTAND AND AGREE PLEASE INITIAL _____

I do specifically agree that PURAVEGAN, its officers, employees and agents or certified instructor, ALISON HYDE, shall not be liable for any claim, demand, cause of action of any kind resulting from or related to my participation in any sport, exercise, or activity within or without the classroom premises. This agreement shall be binding upon me, the undersigned participant, and my respective heirs, executors, administrators, and assigns. Each does hereby further agree to indemnify and hold all those identified and named herein absolutely harmless in the event that anyone claiming any cause of action as a result of any injury to me and/or my death attempts at any time to institute any claim or suit against the parties named or identified herein.

IF YOU UNDERSTAND AND AGREE PLEASE INITIAL _____



RELEASE AND WAIVER OF LIABILITY p.2

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above on this _____ day of _____, 20__.

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT OR GUARDIAN