

## CONSENT FORM AND RELEASE

This is an Informed Consent form and release that we ask you to sign before participating in this course.

This course includes practical sessions involving the practice of evaluation and treatment techniques. At all times you must be responsible for any limitations or disabilities you may have that could affect your ability to safely and effectively participate in these or other portions of this course. It is up to you to decide in which parts of this course you should participate. You should always exercise your option. Based on your medical, physical, and emotional condition, you can choose not to participate in one or more parts of this course.

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1. I understand that this course includes practical sessions that involve the practice of evaluation and treatment techniques.
  2. I understand that at all times I am responsible for any limitations or disabilities that I may have that may affect my ability to safely and effectively participate in this course and that I may, at any time, choose not to participate in a particular part of this course.
  3. I agree that, prior to participating in this course, I will inform my co-students, assistants, and instructors of any health, musculoskeletal, or other medical problems that I may have.
  4. I agree to hereby release my co-students, instructors and Fascial Manipulation® associates from any and all liabilities for any injuries or other damages that I may sustain while participating in this course.
  5. I have read this Informed Consent form and understand its term, and I am signing it knowingly and voluntarily.
  6. I am a licensed healthcare provider. My profession includes the evaluation and physical examination of patients