

CONSENT TO PARTICIPATE

Participant's Name: _____

A. INFORMED CONSENT

The above named participant wishes to participate in _____.
(list all activities that apply)

I understand that the practitioner has a legal obligation to report any illegal activity disclosed and to contact appropriate assistance if the client makes statements about self-endangerment. The practitioner is not a psychiatrist, psychologist, social worker, or other medical professional. The practitioner is not a legal professional. The practitioner will keep all other information private between herself and the client.

I understand that before beginning any physical activity program, I should consult my doctor for a complete physical and recommendations. I realize that there are risks involved in such participation. I am aware that any sport or physical activity can be a dangerous activity involving risk of injury. I understand that the dangers and risks in the above sport(s) include but are not limited to death, serious neck and spinal injuries which can result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks may result not only in serious injury, but in serious and permanent impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I agree to accept these risks as a condition of participation in the above sport(s).

B. AGREEMENT TO OBEY INSTRUCTION

Because of the dangers of participating in the above sport(s), I recognize the importance of following the instructor's instructions regarding techniques, training, and other session rules. I agree to obey all such instructions and to inform the instructor of my own discomfort and need for modifications.

C. RELEASE AND ASSUMPTION OF RISK

I agree to hold the practitioner Christina M. Rau harmless from any and all liability. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

C. CONSENT TO PARTICIPATE

Participant Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____