**LivingWell Institute Release and Waiver of Liability**

In an effort to better serve you, *LivingWellCare* was created to support those in need of an integrative approach to health care. This coordinated effort provides you an opportunity to experience a more comprehensive approach to health care. It is the goal of the *LivingWellCare* Team to educate and empower clients to take responsibility for whole person health by coordinating clinical, wellness, and community services. The *LivingWellCare* Team members are not medical professionals or licensed psychologists and are in no way meant to replace your existing healthcare providers. In consideration of being permitted to be coached by *LivingWellCare* Team, under the supervision of Dr. Penny Koval, Founder and owner of LivingWell Institute, the undersigned participant/releaser named below agrees:

* There are potential risks (psychological, emotional, or physical injury) in participating in programs, trainings, and various ensuing coaching, facilitating, and consulting activities/sessions. I fully understand that there may be risks not known to us or that are not reasonably foreseeable to us at this time;
* I accept and assume such risks and responsibilities for the losses and/or damages following such psychological, emotional or physical injury and other risks, however caused in whole or in part by LivingWell Institute, it’s entity, Founder/owner Dr. Penny Koval and officers, staff, *LivingWellCare* Team members, and other representatives;
* The undersigned participant/releaser further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as permitted by the law of the state in which the aforementioned LivingWell Lifestyle activities and sessions are being conducted, and that if any portion is held invalid, it is agreed that the balance of the release shall, notwithstanding, continue in full legal force and effect; and
* The undersigned participant/releaser grants LivingWell Institute permission to use photographs or video taken for the purpose of social media, promotion, and advertising by LivingWell Institute.

I have Read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability, including any negligence of the LivingWell Institute organization to the greatest extent allowed by law.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian, if participant is under the age of 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Representative of LivingWell Institute, Name and Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_