



## SelfCare U Participant Wellness Form

### **Contact Information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any medical conditions that may affect your participation in this class:

\_\_\_\_\_

\_\_\_\_\_

### **Emergency Contacts:**

In case of emergency call:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ give my permission to the staff at Motivate Therapy to contact the above-mentioned people if a situation arises during my participation in a Wellness Class that deems this contact be appropriate.

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

\_\_\_\_\_  
Date



## Acknowledgment

By signing below, I understand the following:

- The instructor does not diagnose illness, disease, or any physical disorder.
- The instructor does not prescribe treatment or medications or perform spinal manipulations.
- Exercise is not a substitute for medical examination or diagnosis.
- Any illicit or sexually suggestive remarks/advances made by me will result in immediate termination of the session.
- I have, to the best of my knowledge, stated all my relevant medical conditions. I take it upon myself to keep the instructor updated on my physical health.

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Participant Signature

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Date

## Permission to Use Photograph and Video-SelfCare U Classes

I understand that **Motivate Health Inc.'s**, SelfCare U is an education and training center and live records all classes using audio and video equipment. By signing below the class participant acknowledges and agrees to the use of live AV equipment throughout the course.

**Motivate Health Inc.**, its representatives, and employees have the right to take photographs and videos of me and my property in connection with the above-identified subject. I authorize **Motivate Health Inc.**, its representatives and employees the right to copyright, use and publish the same print and/or electronically. I agree that **Motivate Health Inc.** may use such photographs and videos of me, without my name, for any lawful purposes and to be used but not limited to such purposes as education, publicity, illustration, advertising and web content.

I have read and understand the above.

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Participant Signature

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Date