

Waiver and Release of Liability

Please read this document carefully. By signing it, you are giving up legal rights.

I, the undersigned hereby acknowledge that I desire to voluntarily participate in the activities and services provided by Monica Salisbury, a Rossiter System® Coach.

It is fully understood by me that The Rossiter System is a form of bodywork, it is not a treatment or therapy of any kind. I understand that the Rossiter Coach does not diagnose nor treat any medical condition, illness, or disease, nor do they perform spinal manipulations, physical therapy, nor massage. It is further understood that Rossiter is not a substitute, an alternative, nor any form of medical examination, treatment nor medical advice. Any information I receive from my Rossiter Coach is for educational purposes only, not diagnostic nor prescriptive in nature.

ASSUMPTION OF RISK: I, the undersigned, understand and acknowledge that Rossiter System Workouts, though generally regarded as safe for most people, have varying effects on individuals based upon their size, age, physical condition and/or state of health. I further recognize, acknowledge and agree that it is my sole decision whether to consult with a medical professional prior to participating in a Rossiter System Workout, or have waived such advice and consent of a physician and accept any and all risks. I am assuming on behalf of myself and/or child, all risk of personal injury, death, or disability to myself and/or child that may result from participation.

RELEASE OF LIABILITY: I understand that as part of my Rossiter Workout, I consent to the following: The application of weight by the Rossiter Coach's foot to areas of my body. It is understood that the application, or removal of weight is fully under my control at all times. I may stop the session at any time for any reason.

It is fully understood that I may experience some soreness, and bruising may occur. I will not exceed the limits of any activity that I am accustomed to for 48 hours past my session, nor start any new physical activities in this time frame. I agree that should I experience untoward effects or have questions from the session, that I will contact my Rossiter Coach immediately, or seek appropriate medical assistance from my medical provider or emergency room. I release not only my Rossiter Coach, but all individuals affiliated or associated with Rossiter System LLC from any and all liability that could result from my Rossiter workout.

I agree to tell my Rossiter Coach of all known medical conditions I have before my workout, as well as all medications I currently take. I agree that it is my responsibility to notify my Rossiter Coach of any and all changes in my medical profile with all future Rossiter Workout sessions.

I am voluntarily participating in the Rossiter System session entirely at my own risk, and hereby give consent to do a Rossiter Workout.

I, the undersigned participant, affirm that I am of the age of 18 years or older, or am the legal parent/guardian of a child under the age of 18 and my signature below gives my consent and release of liability for myself/my child to receive a Rossiter Workout. I am aware that this is a release of liability and a legally binding contract, and that I am signing this agreement of my own free will. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally.

Printed Name _____ Date _____

Signature _____

Phone Number _____

Email Address _____

Physical Address _____

City/State/Zip code _____

Name of child under 18 (if applicable) _____