



CLASS CONSENT AND REGISTRATION

Date: _____ Participant Name : _____ Age: _____ DOB: _____

Phone #: _____ Cell-Home-Work (circle one) Other Phone #: _____ Cell-Home-Work (circle one)

Email: _____ Address: _____

Emergency Contact (For Minors, Parents/Guardians Names): _____

(Relationship to Participant): _____ (Emergency Phone): _____

Have you participated or are you participating in therapy or other Monarch Wellness services?

_____ No _____ Yes- _____

How did you hear about our class? _____

Do you (or your child if you are consenting on his/her behalf) have any injuries, medical, or other emotional needs, or is there any additional information we should know? (Understanding that, participants agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the program).

_____ No _____ Yes Please clarify: _____

I, _____, hereby agree that I am voluntarily choosing to participate in the classes offered by Monarch Wellness and the integrative therapy team. I am aware the class may address emotional concerns and understand it is a supportive class rather than a therapy/process group. I am not required to verbally participate but may share my personal experiences in relation to the class as comfortable and appropriate. I understand my participation will be confidential with the exception of safety concerns, and I agree to maintain confidentiality of other class participants.

I recognize that this class incorporates movement, breath, sound, humor, and/or relaxation exercises to promote healthy coping skills. It may involve light physical exertion, and I am fully aware of the risks and hazards involved. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the services may be adjusted to my level of comfort. I understand that the integrative team do not diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session should be construed as such. I further understand this is not a substitute for medical examination, diagnosis or treatment, and that it is my responsibility to consult with a physician or other qualified medical specialist prior to my participation if needed for any physical or mental ailment of which I am or am not aware. Because services should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and that it is my choice to proceed. I agree to keep the practitioner updated as to any changes in my medical profile.

In further consideration of participating in classes, I hereby agree to not attend classes under the influence of alcohol or illegal drugs and assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program at the center and knowingly, voluntarily, and expressly waive any claim that I may have against Monarch Wellness, 843 Myrtle Terrace, Naples, FL 34103, its owner, integrative treatment team, employees, contractors, and associates for injury or damages that I may sustain as a result of participating in the program. I agree to indemnify, defend, and hold harmless Monarch Wellness Center owner, integrative treatment team, employees, contractors, and associates against all claims arising out of or resulting from my participation in the program. I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Florida. **I have read the above release/liability waiver and consent to participate with the terms and conditions stated above.**

Client Signature _____ Date _____

Parent/Guardian Signature of minor _____ Date _____

Thank you! We are honored to join you on your journey of health, well-being, and life fulfillment! ☺
Transform, Emerge, Become... ~ www.MonarchWellness.net ~ Ph (239) 325-9210 ~ Fax (239) 260-5091