



## Waiver and Privacy Agreement

I, the Client, am aware that there are risks associated with participating in massage therapy, kinesiology, and/or active exercise training. My participation is completely voluntary, and I freely accept and fully assume all responsibility for all risks and possibilities of personal injury, death, property damage, or loss to myself or any other person as a result of my participation in rehabilitation activities. I and my heirs, next of kin, executors, administrators, and assignees agree:

1. to waive claims, known or unknown, that I have or may have in the future against Hybrid Therapy & Training and/or Erica Saunders, including their owners, officers, directors, agents, employees, volunteers, business operators, subcontractors, independent contractors, and/or site property owners or lessees;
2. that Hybrid Therapy & Training, and/or Erica Saunders are not responsible for any damage, loss, or theft to my property;
3. to release and forever discharge Hybrid Therapy & Training and/or Erica Saunders, including their Owners, officers, directors, agents, employees, volunteers, business operators, subcontractors, independent contractors, and/or site property owners or lessees; and
4. to be liable for and to hold harmless and indemnify Hybrid Therapy & Training and/or Erica Saunders, including their owners, officers, directors, agents, employees, volunteers, business operators, subcontractors, independent contractors, and/or site property owners or lessees, from all actions, proceedings, claims, damages, and/or cost demands, including court costs on a solicitor and own client basis and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in massage therapy, kinesiology, and/or active exercise training.

I authorize Hybrid Therapy & Training and Erica Saunders to correspond with my physician, physiotherapist, chiropractor, fitness trainer, dietician, or other healthcare provider to obtain any relevant information pertaining to my injury history, rehabilitation, physical fitness, and physical health. I have consulted my physician before beginning a rehabilitation or fitness program, and before using the Hybrid Therapy & Training facility.

I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending the Hybrid Therapy & Training facility. I also acknowledge and accept that while receiving services, my Therapist may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending the Hybrid Therapy & Training facility to receive services from the Therapist. In consideration of the Therapist agreeing to see me in person at the Hybrid Therapy & Training facility, I agree to release the Therapist and the Hybrid Therapy & Training facility (if applicable), their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to the Hybrid Therapy & Training facility and/or through the provision of services to me by the Therapist. I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the Releasees based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at the Hybrid Therapy & Training facility and/or through the provision of services to me by the Therapist. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time. I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

Name of Client:

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Name of Therapist:

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Signature of Client (or Guardian):

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Signature of Therapist:

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Date of Signature:

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Date of Signature:

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## **Cancellation Policy**

Hybrid Therapy & Training appreciates 24 hours advance notice for any cancellations and reserves the right to charge a cancellation fee equal to 25% of the treatment cost if not adhered to.

Client Initial: \_\_\_\_\_