

LIABILITY WAIVER FORM:

Course: _____ **Date:** _____

Registrant's Name _____ Clinic: _____

Address

(Street)

(City)

(Province)

(Postal Code)

Email: _____

Telephone (Res.) _____ (Bus) _____ (Fax) _____

CONSENT AND WAIVER FORM: (This waiver MUST be signed and brought to the course)

This course contains lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Nelly Faghani and Carolyn Vandyken, as well as all employees of Pelvic Health Solutions, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

(Participant's Signature)

(Date)

Please bring completed waiver to the course

Pelvic Health Solutions



Restoring Pelvic Health
through Physiotherapy