

Enroute to Better Health

Christina Tilia LMT, HHP, CTN #09018, Lic #5048
911 N Hallett Cir
Farmington, NM 87401

Liability Release Form

I, _____, agree to the following:

I am participating in class with Christina Tilia in which I will receive instruction. I understand it is my responsibility to consult with a physician when participating in any fitness or health program. I agree to assume full responsibility for any risks, injury, damages, known or unknown, which I might incur as a result of participating in this class. I knowingly, voluntarily and expressly waive any claim I have against Enroute to Better Health for injury or damages that I may sustain as a result of participating on the premises.

Name (Please print): _____ Birthdate: _____

Emergency Contact: _____ Phone: _____

Participant's signature: _____ Date: _____

Parent Signature if under 18 years of age:

I represent that I have legal capacity and authorization to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____