



APPLICANT RELEASE

(Please Print)

Last Name _____ First Name _____

Street _____ Apt. _____

City _____ County _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Date of Diagnosis _____

Emergency Contact _____

Relationship _____ Phone _____

The Participant named above understands and acknowledges that the MSF is a charitable organization which does not have direct control or involvement in the delivery of the Health and Wellness instruction or services provided and cannot bear liability for any claims, damages or injuries resulting from the Participant's attendance and/or acceptance of the services. Accordingly, the Participant hereby indemnifies, releases and holds the MSF harmless from, against and in respect of all damages, including any claim, action, demand, loss, cost, expense, liability, penalty or other damage, including, without limitation, attorney's fees and other costs and expenses reasonably incurred in investigating or in attempting to avoid same or opposing the imposition thereof or in enforcing this indemnity and release, resulting to the Participant from the treatment, care, or other services provided to the Participant by or through the MSF.

(Parent / Legal Guardian of 'Children under 18', please write the child's name and Sign below).

Participant

Signature

Date
