

Empower RI LIABILITY WAIVER

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT WHICH AFFECTS
YOUR LEGAL RIGHTS**

"I, _____, have enrolled in the personalized health and fitness program offered through Laura Gorriaran Goodwin and Heart in Massage. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Laura Gorriaran Goodwin.

"In consideration of my participation in this program, I, _____, hereby release Laura Gorriaran Goodwin and Heart in Massage and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment." "I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I,

_____, hereby release Laura Gorriaran Goodwin and Heart in Massage and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

CONFIDENTIALITY POLICY

In order for your EmpowerRI Coach to help you fully, it is valuable, although not required, that you share personal information, openly and honestly, in your well-being assessments and during your sessions.

EmpowerRI and your coach will preserve the privacy and confidentiality of all your personal information, including your name and contact information, all communications with your coach and all information on the website. Your personal information will NOT be shared with any person or organization including your employer, health plan, or healthcare provider unless you provide written permission.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Participant Signature)

(Date)