



\*CONINF\*

**UC HEALTH  
INTEGRATIVE MEDICINE  
MOVEMENT BASED  
CONSENT FORM**

**ACKNOWLEDGMENT AND RELEASE OF LIABILITY**

I understand that it is my responsibility to check with my (or the participant's) physician to ensure that I (or the participant) have no medical condition(s) that contraindicate my (or the participant's) participation in \_\_\_\_\_ **[Insert Activity/Program]**.

I agree to take full responsibility for not exceeding my personal limits and will refrain from any particular movement that I do not feel comfortable with or capable of performing, or that my (or the participant's) physician has advised against. If I have any questions or concerns about whether or not a particular activity is appropriate to my (or the participant's) current health status, I understand it is my responsibility to ask my (or the participant's) doctor if this activity is appropriate before I engage in such activity.

I assume full responsibility and risk relative to my (or the participant's) participation. I hereby agree for myself/the participant, my or the participant's heirs, assigns, executors and administrators (and for any other party who may claim under or through me/the participant) to release, acquit, waive, discharge and forever hold harmless, UC Health, LLC, University of Cincinnati Physicians Company, LLC, the instructor, and their respective officers, directors, employees, contract workers, agents, volunteers, and subsidiaries from and against any and all claims, injuries, damages, liabilities, costs and expenses, including reasonable attorney fees arising out of my/the participant's voluntary participation in \_\_\_\_\_ **[Insert Activity/Program]**.

I acknowledge that I have carefully read this form in its entirety and fully understand it. If I am completing this Acknowledgment & Release of Liability on behalf of the participant named below, I warrant that I am authorized to execute this Acknowledgment and Release on behalf of the participant and agree that the statements in this form shall also apply to the participant named below.

This ACKNOWLEDGMENT AND RELEASE OF LIABILITY has no expiration date. Refusal to sign this form eliminates the participant's eligibility for participation in the above activity.

DATE	TIME	(Participant's Name)	(Participant's Signature)
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If signing on behalf of Participant:

DATE	TIME	(Printed Name)	(Signature)
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Relationship to Participant: \_\_\_\_\_

**Disclaimer for electronic transmission**

**By submitting this form, I understand and acknowledge, that if I decide to complete these forms and send them back to UC Health via this email exchange, UC Health cannot control and is not responsible for any compromised transmission of the email from your email server, or any compromise of your information that occurs with your email server storage. If you prefer to communicate via encrypted email, please let us know that before sending the forms back, and we will send you an encrypted email which will also be encrypted when you respond with the forms.**