



Liability Release Form

I acknowledge that my care through ELLO Holistic Health is expressly conditioned on my agreement to each of the following terms of this document. I acknowledge and agree to the following:

1. I understand that Elizabeth Omizo is not a physician or psychologist. I acknowledge that the ELLO Holistic Health's scope of practice does not include treatment or diagnosis of specific illnesses or disorders. If I suspect that I may have an injury or illness that requires medical attention, I acknowledge that it is my responsibility to seek medical care from a licensed physician without delay. Only a licensed physician can prescribe medications.
2. Any discussion of medications is specifically for the purpose of providing a health history. Elizabeth Omizo, or any ELLO Holistic Health employee will not judge the appropriateness of medication use. I hereby acknowledge that any change in dosage or prescription is not the responsibility of ELLO Holistic Health and will be made with a licensed physician.
3. I have been advised by ELLO Holistic Health to consult with my physician before starting a new physical exercise program. I certify that I have been cleared for exercise by a licensed physician.
4. In the event of an emergency, I authorize ELLO Holistic Health and their employees to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for the payment of any and all medical services provided. I understand and acknowledge that ELLO Holistic Health and its employees have no liability for the immediate medical treatment that they may provide or authorize for me. All persons dealing with any licensed physician or hospital attending to my care are entitled to rely on this authorization.
5. Physical activity, exercise, sports, and recreational activities may cause injury. I understand that there is an inherent risk of injury when I participate in these activities. My participation in these activities is voluntary and I assume all risk of injury or illness that may result in my participation in these activities.
6. As a participant, I understand that my participation in all activities is voluntary and I assume the full risk of injury, illness (including death), loss, and damage.
7. I hereby fully release ELLO Holistic Health and all of its employees from any liability, claims, and causes of action from injury, illness (including death), loss, and damage resulting from my participation in recommended health and wellness activities.



ELLO Holistic Health and all of their employees are fully released from liability, claims, and causes of action from injury, illness (including death), loss, and damage resulting from activity that was not specifically recommended for me by ELLO Holistic Health.

9. I hereby completely release and discharge ELLO Holistic Health and their employees from any and all liability, claims, and causes of action from injury and illness (including death), damage, and loss which I may have or which I may accrue to me through my participation in recommended health and wellness activities. This is a complete and irrevocable release from liability. Specifically and without limitation, I hereby release ELLO Holistic Health and their employees from any and all liability, claim, and cause of action from the Released Parties' negligence. I covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.
10. I certify that I am knowledgeable about proper use and rules of any exercises and activities that I will participate in, and that I will read and fully comply with gym, equipment, or instructor rules and instructions. I acknowledge that I am responsible for knowing these rules and instructions, and hereby completely release ELLO Holistic Health and their employees from any liability, claims, and causes of action from injury, illness (including death), loss, and damage resulting from improper use of equipment, not complying with rules and instructions for equipment use, gym rules and instructions, or rules and instructions given by instructors, ELLO Holistic Health and their employees.
11. I understand and acknowledge my responsibility to pay ELLO Holistic Health for services that are provided to me. It is my responsibility to pay ELLO Holistic Health on time, and I hereby accept that I will be charged 5% for every month beyond the due date that I have not paid. I understand appointments take preparation and do not allow my provider to work with other patients during that time. I understand and acknowledge that if I am late to appointments it is still my responsibility to pay the full cost. If I need to cancel an appointment I understand and acknowledge that it is my responsibility to contact ELLO Holistic Health a minimum of 24 hours before my appointment. If I do not cancel my appointment with ELLO Holistic Health at least 24 hours before my appointment I understand and acknowledge that I am responsible for paying 20% of my appointment cost.
12. I agree that if any part of this agreement is held void or unenforceable, the remainder will continue in full force and effect to the maximum extent allowed by the law. This agreement will only be changed by a writing signed by all parties hereto.
13. By signing below I understand that Elizabeth Omizo is a holistic health provider and not a licensed physician or psychologist. Additionally, I understand that it is my responsibility to provide a full health history to allow ELLO Holistic Health to provide the best care for me.



I have read and fully understand the **Acknowledgement and Release of Liability** set forth above, including encouragement to secure medical treatment, and complete release of liability, claims, and causes of action, including claims of negligence Elizabeth Omizo, ELLO Holistic Health, and their employees.

I am 18 years old or older. I understand that this form will be retained in my patient folder. This document is binding upon me, my heirs, my children, wards, personal representatives, and anyone else entitled to act on my behalf.

First name printed

Last name printed

Signature

Date MM/DD/YYYY