



Pain Reduction
Boxing★Kettlebell★Barbell

Reduce Your Pain: RELEASE OF LIABILITY

Participant name: _____

Course start date: ____/____/____

By signing below, I acknowledge that:

I understand that this program is designed to help me reduce pain but not to diagnose or treat its root cause. **I have seen a medical professional for a diagnosis of my pain and a recommended course of treatment.**

I understand that I am solely responsible for following instructions from my own medical professional related to my specific pain diagnosis, and that **I may choose to ignore or to discontinue following any instructions provided during the Reduce Your Pain program at any time.**

I understand that the pain reduction principles in the Reduce Your Pain program are most effective when I can apply them consistently. (Note: Meghan's recommendation, during periods when pain reduction is being actively sought, is to commit to 10-20 minutes per day at least six days a week.)

I understand that if I choose to apply any products to my skin during the program, in particular the Maple Organics Joint and/or Muscle Therapy products that are recommended during the myofascial release portions of the program, that I previously had the opportunity to ensure that **I have no known allergies to any of the product ingredients in either Maple Organics product.**

I agree that Meghan O'Connell shall not be liable or responsible for any injuries to me resulting from my participation in the Reduce Your Pain program, and I expressly release and discharge Meghan O'Connell and her agents from all claims, actions, judgements and the like which my heirs, executors, administrators or assign may have or acclaim to have as a result of any injury or damage which may occur in connection with my participation in the Reduce Your Pain program, excepting only an injury caused by the gross negligence or intentional act of such a person or persons.

Signed this ____ day of _____, 201__

Signature _____

Parent or guardian's signature, if applicable _____