

Jeff Rooney
Empowered Body Solutions
Liability Waiver and Release

I, _____, embrace the idea that I can work to change my body and the underlying causes of my condition, that I am in charge of my own healing and responsible for my choices. I understand that I am the expert of my own body, the importance of listening to my body and proceeding in the way that feels right for me.

I (including my heirs, guardians and legal representatives) release from liability Jeff Rooney and all others who may be working with or assisting him, from any injury, damage or loss I may experience while in the process of working with him.

I have read and understand this agreement. I am aware this is a binding contract and acknowledge that I am signing this of my own free will.

Signature _____ Date _____

Printed Name _____

Address _____

Phone number _____ email _____