

Wellness Life & Coaching, Inc.

In Action Program Summer Camp June 2022

REGISTRATION FORM

Attendee's First Name & Last Name _____

Attendee's Date of Birth _____

Emergency Contact _____ Relationship _____

Phone # _____ Email _____

Street Address _____

City, State, Zipcode _____

AGREEMENT BETWEEN COACH AND CLIENT

The coaching agreement consists of the commitment between the parties, the coach and client, where a specific term of sessions for training and personal development is established with **Wellness Life & Coaching, Inc.**

The sessions are established by the Professional Coach, depending on the need of the process of improvement and availability of the client. Each session will be documented to check the client's progress and for the protection of both parties. In addition, the client is responsible for working with what their coach stipulates during their coaching process.

It is important that the client has knowledge that the professional coach does not diagnose. The professional coach is prepared to train, guide, direct and accompany the client according to what he needs.

Signature of Parent/Guardian

Signature of Attendee

Print Name of Parent/Guardian

Print Name of Attendee

Date of Signature

Date of Signature

FINANCIAL AGREEMENT

CUSTOMER INFORMATION: THANK YOU for choosing Wellness Life & *Coaching, Inc.* as your professional life and health coach. We are committed to making your experience and treatment successful. It is very important for our professional relationship that you clearly understand the **Client's Financial Agreement** and the **Cancellation/Absence Agreement**. Please ask if you have any questions about our fees, our consent or your responsibilities.

We require all clients to complete the Information Form before seeing the professional, and **annually thereafter**. You are responsible for notifying our office of any changes about the client (e.g., address, name, financial information, etc.). The customer is responsible for providing the current information about the payment method.

You are responsible for the up-to-date payment of your account. Payment is due at the time of receiving the coaching service from our office. We hope you know and understand financial consent with Wellness Life & Coaching, Inc. Ways to pay for services: pay each time you receive the service, for sessions, or make a payment for the full amount of all sessions estimated by the coach and that the parties agree. The payment method can be done in cash, credit card, Zelle, PayPal or by automatic payment through our HoneyBook system.

CANCELLATION/ABSENCE RULES: In order to maintain the quality of customer care and for all clients to be served, it is important that you notify our office with your intentions to cancel or change your appointment at least twenty-four hours (24) before your appointment by calling 954-243-9559. If you have an appointment arranged on a Monday you can leave a message during the weekend on the automatic voicemail.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date of Signature

Assumption of Risk, Waiver, Release & Hold Harmless COVID-19 and Voluntary Extracurricular Activities

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities hosted by Wellness Life & Coaching. The novel coronavirus, known as COVID-19, has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

WL&C will conduct certain extracurricular activities beginning in the Summer of 2022, hereinafter the "Activity." For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

To ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity.

By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child (ren) has a fever, I will not permit my child (ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child (ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child (ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are

present. I understand that my child(ren) is to remain home until illness-free for at least 5 days without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child (ren), WL&C staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the Wellness Life & Coaching, and its employees and agents harmless from any and all claims, suits, liability, actions, judgements, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child (ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child (ren)'s participation in the Activity including any claim based on the negligent acts or omissions of Wellness Life & Coaching employees and agents.

Signature of Parent/Guardian

Signature of Attendee

Print Name of Parent/Guardian

Print Name of Attendee

Date of Signature

Date of Signature

**Waiver and Release Form for Summer Camp
Liability Release and Parental Consent Form**

In consideration of my child's enrollment for the In Action Program Summer Camp, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance Wellness Life & Coaching, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Consent of the Parent or Guardian

I give consent for my child, _____ to participate in the above summer program, and I execute the above liability release on my child's behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Wellness Life & Coaching will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Signature of Parent/Guardian

Signature of Attendee

Print Name of Parent/Guardian

Print Name of Attendee

Date of Signature

Date of Signature

Photo Release Form for Minor Children

I, _____ hereby authorize Wellness Life & Coaching to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the Wellness Life & Coaching website and/or Wellness Life & Coaching Summer Recreation Program website and for display in the town/ recreation facility. I release Wellness Life & Coaching and the recreation program from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize Wellness Life & Coaching and the recreation program to use their photographs and names. I acknowledge that since participation in publications and websites produced by Wellness Life & Coaching or the recreation program is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Wellness Life & Coaching or the recreation program confers no rights of ownership whatsoever. I release, Wellness Life & Coaching its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

Signature of Parent / Guardian

Signature of Attendee

Print Name of Parent/Guardian

Print Name of Attendee

Date of Signature

Date of Signature

**Request For Food Allergy and Dietary
Restriction Information**

This form allows you to voluntarily disclose whether your child has a food allergy or dietary restriction that could impact their experience. Voluntary disclosure is only intended to assist program leaders or staff in planning meal arrangements or options. Disclosure does not guarantee that specific accommodations can be provided for meals.

Please note, you and your child maintain all responsibility for their health, including avoiding foods or substances to which they are allergic. To that end, you agree, on behalf of yourself, your child, personal representatives and assigns, that by signing this document, you release, waive, discharge and covenant not to sue Wellness Life & Coaching and its respective officers, employees, and agents from any and all claims including those which result in personal injury, accidents or illnesses (including death), arising from, but not limited to, your ingestion of any foods listed below.

No information to report.

Food: _____

Dietary Restriction(s) and Explanation: _____

Signature of Parent / Guardian

Signature of Attendee

Print Name of Parent / Guardian

Print Name of Attendee

Date of Signature

Date of Signature