

GEORGE WELLBEING CONSENT

I understand that the information I receive during a group wellbeing experience is not a substitute for medical examination, diagnosis, or treatment and that I should see a qualified practitioner or physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that YMCA/George Wellbeing practitioners and instructors are not qualified to diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course should be construed as such. I understand that there shall be no liability on the instructor's or YMCA/George Wellbeing part should I fail to seek medical consultation from a qualified practitioner.

Group Experience (i.e meditation):		
Name (Print):		
First	Last	
Email Address:	Phone Number:	
Signature:	Date:	