

**Healing Bridges/Linda A. Ciotola**  
**Unconditional Release: Health and Wellness Coaching and Experiential**  
**Counseling online and/or in person**

I, \_\_\_\_\_, on behalf of myself and my heirs, personal representatives, agents and assigns hereby fully release and discharge Healing Bridges, The Fitness Movement, Inc., Linda Ciotola, and each and all of their respective representatives, agents, servants, employees, successors and assigns (hereinafter collectively “releasees”), representatives, agents and assigns now have or may hereafter have against any or all of the releasees arising out of any stretching, and/or toning, and/or aerobics, and/or strength training, yoga, Pilates, and/or fitness evaluation, and/or nutritional advice, and/or health coaching program, and/or mental health counseling. She is also a Certified Reiki Master Teacher and an Ordained Universal Life Church Minister.

**Waiver/Informed Consent**

I understand that Linda Ciotola is not a licensed therapist but holds certification in health education and health coaching, yoga, mindbody, personal training, fitness nutrition and Reiki, and is a Board-Certified Trainer-Educator-Practitioner of Psychodrama, Group Psychotherapy and Sociometry; and Certified trainer of Souldrama® and the Therapeutic Spiral Model™ of Psychodrama.

I expressly intend this release to include all injuries, damages, or losses to my person and property, real or personal, whether known, unknown, foreseen, unforeseen, present, or latent, which I may have against any or all of the releases. I fully understand and acknowledge the significance and consequence of my specific intention to release all such claims and I hereby assume full responsibility for any and all injuries, damages or losses that I may incur as a result of my participation in any of the aforementioned activities.

I further represent and warrant that I have obtained the permission of my physician and my primary licensed therapist to participate in the activities described herein and that I understand that the instructions and the advice that I will be receiving are in no way intended to be a substitute for medical counseling.

This release is being executed by me voluntarily and of my own free will and deed with the intention of being legally bound. I am executing this release, I do not rely on any inducements, promises or representations made to me by any or all of the releasees. I have read this release and fully understand all the terms and provisions contained herein. This release includes my full permission for Linda Ciotola and Janice Benjamin to share my information and coordinate my care.

\_\_\_\_\_  
Witness Name (Please print)

\_\_\_\_\_  
Client Name (Please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date