



Full-body Assisted Stretching Waiver of Liability

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Mobile Phone _____ Birthdate _____

Current Injuries _____

Prior Surgeries _____

PARTICIPANT'S AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In the effort to provide a service to encourage you in the pursuit of your health and wellness pursuit, this form reminds you that it is your responsibility to make sure that this stretch program is the right one for you.

STRETCHING INVOLVES PHYSICAL ACTIVITY THAT CAN RESULT IN SERIOUS INJURY. MANY HEALTH PROFESSIONALS RECOMMEND THAT INDIVIDUALS THAT PARTICIPATE IN STRETCHING ACTIVITY COMPLETE A PHYSICAL EXAM OR HAVE A DOCTOR'S APPROVAL BEFORE BEGINNING ANY STRETCHING PROGRAM AND STRONGLY URGE ALL PARTICIPANTS OVER THE AGE OF 45 TO HAVE A PHYSICAL EXAM BEFORE BEGINNING ANY STRETCHING PROGRAM.

1. I warrant that I am in good health and have no pre-existing medical conditions that would affect my ability to participate in stretching activities. I have notified Wholistic Movement of any-and-all pre-existing medical conditions that I have.
2. I understand that the storage of valuables is at my own risk, and I voluntarily and knowingly accept and assume such risk.
3. I agree that if the equipment is defective, I will not use it, and I will report its condition to a staff member of Wholistic Movement.

4. I now accept and assume all risks existing in this activity and understand that possible injury may occur during or as a result of this activity include, but are not limited to, contusions, muscle strains, sprains and tears, neck and back injury, paralysis, and even death.

5. My participation in this activity is purely voluntary, and I elect to participate regardless of the risks.

6. I understand that I should obtain a physician's approval before participating in any stretch program or stretching activities.

7. I now voluntarily release, forever discharge and agree to indemnify and hold harmless Wholistic Movement, its members, managers, employees, agents, instructors, representatives from any responsibility or liability of any nature to me for any personal injuries.

8. I now agree to not bring any action legal, equitable, or otherwise, or to make any claim of any nature whatsoever against Wholistic Movement, its members, managers, employees, agents, instructors, or representatives for any personal injury or injuries which I might sustain while engaging in stretch program activities.

9. Should Wholistic Movement or anyone acting on its behalf be required to incur attorney fees and/ or costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and/or expenses.

10. I now execute this release with the intent to be legally bound now for myself and on behalf of my heirs, administrators, parents, spouses, children, executors, and assigns.

11. I understand that I am fully and solely responsible for any-and-all medical expenses that I might incur due to my participation in any of the stretch program's activities.

12. I understand that because stretch therapy work involves maintained touch and close physical proximity over an extended period, there may be an elevated risk of disease transmission, including COVID-19.

13. I knowingly and voluntarily make these agreements, releases, and waivers. I expressly agree to accept and assume those risks with complete knowledge and understanding of any-and-all risks involved in stretch program activities.

14. I further make these covenants, releases, and waivers with the intent to bind myself, my executors, heirs, administrators, parents, spouses, children, and assigns to the fullest extent.

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Signature	Printed Name	Date