

Release of Liability for Nicole Warner and Branch Wellbeing sessions to be initialed and signed by parent or guardian:

1. In consideration of being allowed to participate in the activities, sessions and programs of Nicole Warner/Branch Wellbing and to use its facilities, virtual sessions, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Nicole Warner/Branch Wellbing and its officers, agents, employees, representative, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation or the use of any equipment at various sites, including home, provided by and/or recommended by Nicole Warner/Branch Wellbing. (PLEASE INITIAL: _____)
2. I have been informed of, understand and am aware that strength, flexibility, movement, dance and aerobic exercise, yoga, yoga therapy including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that activities/sessions involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL: _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise, activities, sessions and programs. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, dance, and yoga/yoga therapy. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the activities, and programs without the approval of my physician and do hereby assume all responsibility for my participation in said activities, sessions, programs and use or equipment. (PLEASE INITIAL: _____)
4. I understand that Nicole Warner/Branch Wellbeing providing and maintaining and exercise/dance/Yoga/Yoga therapy program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or medical opinion relating thereto. (PLEASE INITIAL: _____)

Participants Name: _____

Address: _____

City: _____ Zip Code: _____

Parent or Guardians Name: _____

Email Address: _____

Phone Number: _____

Date: _____ Signature: _____