

TRE®/Movement Therapy Waiver & Release Form

Name: _____

Age: _____ Birth Date: ____/____/____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

List any physical limitations you may have:

List any physical or emotional trauma:

_____ I understand that Movement therapy includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

_____ I understand that exercise is not a substitute for medical attention, examination, diagnosis or treatment. Certain exercises are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before each class or individual session. If I am pregnant, become pregnant or I am post-natal or post-



surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice these exercises and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Catherine Atwood CNC, eWare Group Inc.

_____ I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of North Carolina.

Signature:

_____ Date: _____

