

# WAIVER OF LIABILITY



Renee Gray  
Move Integrate  
51 Copperfield Cres SE  
Calgary, AB  
T2z 4L5

All information gathered is confidential except as required or allowed by law.

## PERSONAL DATA

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Birth Date  
(MM/DD/YYYY): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Emergency  
Contact: \_\_\_\_\_ Tel#: \_\_\_\_\_

## WAIVER OF LIABILITY

I, (Participant name) \_\_\_\_\_, agree to the following:

### **AWARENESS OF RISKS.**

- I acknowledge that the instruction offered by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate is limited to that of the Anat Baniel Method.
- I acknowledge that there are risks associated with participation in the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate. I have informed myself and understand the risks associated with my participation in these activities and programs and (where applicable) my use of the facilities, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate at any time.
- I am not aware of any medical condition that would affect my ability to participate in the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate. If I have any concerns about my medical condition I will consult with my physician before participating in the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate.

**RELEASE AND WAIVER.**

In consideration of the acceptance of my registration for the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate or attending Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate related events both on and off of the Renee Gray, ABM NeuroMovement® Practitioner - Move Integrate Premises. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under The Occupier's Liability Act).

I agree that this Agreement and Release and Waiver is intended to be as broad and inclusive as permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision.

I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue. I am signing this document voluntarily.

**\*\*Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If participant is under 18:**

**As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.**

**Signature of Client's Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_