

Exercise Release for Movement classes with Lisa Schechter

I fully understand that exercise carries some risk and that the possibility of physical changes during exercise does exist and that I may injure myself as a result of my participation. I fully understand that the exercises I perform may be strenuous. I accept complete responsibility for my health and wellbeing in movement classes taught by Lisa Schechter and understand that no responsibility is assumed by Lisa Schechter.

I, my heirs, assigns, personal representatives and next of kin, hereby release Lisa Schechter from any liability now or in the future including, but not limited to, all or any injury, disability, illness or death, however caused, occurring during or after my participation in movement classes she teaches. I do hereby waive any right that I may have to bring a legal action or assert a claim, including for attorneys fees, for injury or loss of any kind arising out of or relating to participation by me in any of the classes, activities, use of equipment, and use of facilities provided to me by Lisa Schechter.

I have read this release of liability and assumption of risk agreement and fully understand its terms. My agreement here will act as continued agreement to all ensuing sessions, classes, workshops and/or seminars whether in person, via Skype, Zoom or any other video conferencing tool.

I voluntarily agree to the terms and conditions stated above.

Name of Participant (Print) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Or Signature of Legal guardian: : \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_