

Awareness Through Movement Waiver of Liability

I, _____, have enrolled in ATM Lessons offered by Kenai Physical Therapy, Inc. I recognize that this may involve strenuous physical activity and/or unfamiliar movements.

I am fully aware of the risks of participating in movement lessons, including physical injury. I hereby elect to voluntarily participate knowing that possibility of injury does exist. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK, OR PERSONAL INJURY, THAT MAY BE SUSTAINED BY ME, AS A RESULT OF PARTICIPATION IN THIS PROGRAM.

I hereby release, waive, discharge, and covenant not to sue Kenai Physical Therapy, Inc and/or any of its officers, servants, agents, consultants, volunteers, and/or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me while participating in this program or while on the premises, but not limited to any claims arising under negligence.

It is my expressed intent that this waiver and release shall bind any and all members of my family including, but not limited to, my spouse, if I am alive, and my heirs, assigns, and personal representatives, if I am deceased. It is also my expressed intent that this waiver and release shall also be deemed a full release, waiver, discharge, and covenant not to sue insofar as my aforementioned family members, heirs, assigns, and personal representatives are concerned.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act; no oral representations, statements, or inducements, apart from foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

By: _____

Print Name

DATE: _____

Signature