

MOVEMENT INTEGRATION STUDIO

INFORMED CONSENT AND LIABILITY WAIVER

A.) *(Student Teachers Only)* I, _____, wish to participate in the **Balanced Body Pilates Teacher Training** program offered by Movement Integration Studio. I understand that physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am prepared to participate in activities that may be done under the direction or supervision of an agent of Movement Integration Studio, as well as activities that may not be supervised. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any physical activity. I represent and warrant that I have no medical condition that would prevent my participation in the program.

B. *(All Clients, Teacher Trainees, Student Teachers, Members of the Public and Volunteer Models, Subjects or Teaching assistants)*

I, _____, understand that Janet Wood and Movement Integration (MI) Studios practice, guide and educate Somatic Movement Education, Pilates and Integrative Functional Movement Exercises and are not medical in nature and do not claim to treat, diagnose or prescribe any disease, conditions or syndromes. They are a form of movement education and strength conditioning the goal of which is to improve sensory motor awareness, muscle strength and function, physical comfort and freedom of movement. I understand that all movements and movement explorations are undertaken voluntarily by me and that if any movement is uncomfortable I will discontinue it and communicate directly with the practitioner. I understand that Janet Wood is the Director of and Independent Contractor for MI Studio and is a Movement Practitioner and Educator in Clinical Somatic Movement, Pilates and Sport Massage Therapy

I understand that Movement Integration Studio will not require me to wear a mask while on the premises or participating in activities; if I feel at risk of COVID-19 or any other illness, I will wear a mask and maintain social distance throughout the premises. I agree not to enter the premises of Movement Integration Studios if I am experiencing symptoms of COVID-19, the flu, or any other contagious disease.

C. *(Pilates Teacher Trainees Only)* I AM / AM NOT electing take accommodation on premises of Movement Integration Studio during my participation in Movement Integration Studio’s **Pilates Education** activities.

I have the following allergies and intolerances: _____

*Please note there may be animals (Cats) on the premises, and the food served may be prepared with or near allergens.

I understand that I am responsible for my own safety while on the Movement Integration Studio’s premises. I agree to remain aware of any potential risks on the premises, to avoid any such risk, and to promptly notify Movement Integration Studio of such risk. I agree to assume full responsibility for any risks, injuries, or damage know or unknown which I might incur as a result of participating in any physical activity in connection with Movement Integration Studio or that is sustained while I am staying on the premises of the Studio. Such injuries may include, but are not limited to, heart attacks, muscle strains, falls, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, illness, or possibly death.

I knowingly, voluntarily, and expressly waive any claim I may have against Movement Integration Studio, its owners, officers, directors, employees, agents or representatives for injury or damages that I may sustain as a result of participating in any physical activity in connection with Movement Integration Studio or any injury or damage I sustain while I am on the premises of the Studio.

I, my heirs, and representatives forever release waive, discharge and covenant not to sue Movement Integration Studio, its owners, officers, directors, employees, agents or representatives for any injury or death caused by any act or omission on the part of Movement Integration Studio or its employees, agents, or representatives.

I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____

Date: _____ / _____ / _____