

Creston New Horizons Seniors Society Liability Waiver

MOTION THERAPY

Group Leader: Marlene McGunigle Contact Information: 250-428-4336

Participant: (print) _____

Email: _____

Phone #: _____

Assumption of risk, release and waiver of liability:

I, the undersigned, understand that participation in Motion Therapy classes offered by Creston New Horizons Seniors Society involves physical movements and exercises which may pose a risk or medical complications.

I certify that I am physically fit to participate in Motion Therapy instruction or have consulted a medical professional.

I agree that I am fully responsible for my own health and well being during Motion Therapy classes and participate at my own risk.

I release, waive and discharge Motion Therapy Leaders & Instructors and Creston New Horizons Seniors Society of any claims arising from my participation in yoga classes. I understand that this is a binding document.

Signature _____ Date _____

Emergency contact name and phone number _____

Relationship _____