

Informed Consent Waiver

In consideration of participating in the training/sessions/classes (Training) offered by Everything Movement Ltd. (the Company) and its trainers, teachers, instructors, contractors, guest teachers (Instructor) I understand and acknowledge that this Informed Consent Waiver and shall govern my Training, in person, or virtually, at any location, or in any form the Training occurs:

1. It is my responsibility to discuss any concerns about my health with my physician before participating in Training, and to obtain my physician's consent prior to beginning my Training.
2. It is my responsibility to fully disclose my medical history to my instructor before participating in Training. This disclosure includes, but is not limited to, all injuries, surgeries, medications, supplements, and medical or health-related conditions or illnesses. I understand that pain medication and other prescriptions and supplements can affect my proprioception.
3. Should my medical condition change, I will keep Everything Movement Ltd and my instructor informed about any significant physical problems that I know about, prior to participating in any exercises at Everything Movement.
4. Training includes the use of various types of equipment and accessories. Prior to participating in Training it is my responsibility to inspect the facilities and equipment/accessories and to notify my instructor or other staff member of any unsafe equipment and/or facilities, including any equipment acquired by the participant via or by purchase, loan or rental or in any other way from Everything Movement Ltd. If the unsafe equipment and/or facilities are not remedied to my satisfaction, it is my responsibility to refuse to participate.
5. I acknowledge that some instruction may include the trainer touching me in order to aid in my understanding of the physical process of an exercise. If I am not comfortable with a trainer touching me for any reason, I will immediately inform her/him.
6. I acknowledge that some classes or sessions may be online and that other participants may be able to observe myself or others. I also acknowledge that sometimes these sessions are recorded with my knowledge. If I am not comfortable with being on-line or with the potential of being recorded I will let the instructor/studio know immediately.
7. I am fully aware of risks and hazards connected with the Training, including the risk of injury to my neck, back, spine, shoulders, knees or other parts of my body, and I hereby elect to participate as a voluntary participant in the Training and to engage in such Training knowing that the activity may be hazardous to me.
8. I understand that while Everything Movement will take steps to maximize safety, Training includes an inherent risk of serious injury, including economic loss, property damage, serious physical injury, permanent disability, or death (collectively "Injuries"). I further understand that this risk may arise from my negligence; or the negligence of the Company, its employees, independent contractors, or other participants; equipment malfunction; the condition of the premises; or other causes.
9. Regardless of the cause of the Injuries, for myself and on behalf of my heirs, assigns, personal representatives and next of kin: (a) I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, HARM, LOSS, AND/OR DEATH THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH TRAINING, WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY, EMPLOYEES OR INDEPENDENT CONTRACTORS ASSOCIATED WITH THE COMPANY, OTHER PARTICIPANTS, EQUIPMENT MALFUNCTION, THE CONDITION OF THE PREMISES, OR OTHER CAUSES;

I Agree with the Informed Consent Waiver and understand it applies to both in person and online participation and instruction.

Release of Liability

In consideration of participating in the training/sessions/classes (Training) offered by Everything Movement Ltd. (the Company) and its trainers, teachers, instructors, contractors, guest teachers (Instructor) I understand and acknowledge that this Liability of Liability and shall govern my Training, in person, or virtually, at any location, or in any form the Training occurs:

(a) I covenant not to file suit against, and I release, waive, and discharge the Company, the Company's employees, independent contractors, trainers, members, managers, assistants, volunteers, officers, agents, participants, lessors and all others (collectively referred to as the "Company's Agents") from any and all liability to me, my heirs, next of kin, administrators, successors and assigns, for any and all claims, demands, actions and causes of action of any sort for losses or damages on account of injury, damages or death, caused or alleged to be caused, whether in whole or in part, by negligence of the Company or the Company's Agents.

(b) I further agree to indemnify, defend and hold harmless the Company and the Company's Agents from any loss, liability, damage, claim or costs, including court costs and attorney's fees, that they may incur due to my participation in the Training, whether caused or alleged to be caused, whether in whole or in part, by negligence of the Company or the Company's Agents.

(c) I fully understand that the Company's staff members are not physicians or medical practitioners. Knowing this, I hereby consent to their rendering temporary aid in the event of any injury or illness, and if deemed necessary, to call a doctor and to seek medical help, including transportation to a health care facility or hospital and I release the Company and the Company's staff members, from any damages or injuries arising from these actions.

(d) I certify that I am 18 years of age or OVER.

(e) In the event the participant is a minor child, I certify that I am the parent or guardian with legal responsibility for this participant. I do consent and agree to the Release, as provided above, and for myself, our family, my heirs, successors, assigns and next of kin, I release and agree to indemnify and hold harmless the Company and the Company's Agents from any and all liabilities incident to my minor child's involvement or participation in Training as provided above.

(e) I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AND I FULLY UNDERSTAND IT. I UNDERSTAND THAT BY SIGNING THIS I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, DURESS OR COERCION. THIS RELEASE SHALL BE IN FULL FORCE AND EFFECT FOR ALL TIMES I RECEIVE TRAINING FROM THE COMPANY

I agree with this Release of Liability
