

## **Informed Consent and Release and Waiver of Liability Agreement**

I understand that Wellosophy360™ Functional Movement training sessions /programs/workshops offered by the Wellosophy360 Studio will provide me with a physical activity program. I understand that the activities included in my fitness regimen will be designed to place a gradually increasing workload on my body. I understand that the reaction of my body to such activities cannot always be predicted with complete accuracy and therefore there may be certain risks both known and unknown associated with participation with any Functional Movement training session. I understand that I should expect to experience some temporary detoxification, minor muscle aches and pain associated with my fitness regimen. I understand and accept that these risks may occur during or following a Functional Movement training session. I understand that I will not be offered any medical diagnosis, treatment or therapeutic procedures. Wellosophy360 Studio makes no diagnoses, nor prescribes therapies for diseases, ailments, injuries, or bodily defects. Neither does it claim to advertise that any of its fitness regimens is a cure, or recommends that anyone leave his or her medical practitioner or discontinue taking any type of medication. I understand and acknowledge that fitness training of any kind has certain inherent risks and dangers that no amount of care, caution, instruction, or expertise can eliminate, and I expressly and voluntarily assume all risks of personal injury sustained while participating in any Wellosophy360 Functional Movement training program. I also understand that it is my responsibility to consult with my physician and/or healthcare provider prior to my participation in any of these training sessions. I hereby release and discharge Wellosophy360 Studio and/or its physicians, directors, staff, employees and any other representatives or instructors (collectively hereinafter referred to as the "Released Parties") from any and all liability, claims, demands, causes or actions that I may undertake for injuries, death or damages arising out of my participation in any such training session; including but not limited to losses caused by the negligence of the Released Parties. I further agree that I will not sue or make a claim against the Released Parties for damages or other losses sustained as a result of my participation in any Wellosophy360 Functional Movement training session or any activity or product promoted by or within the Wellosophy360 Studio. I also agree to indemnify and hold the Released Parties harmless from any and all claims, judgments, and costs, including attorney's fees, incurred in connection with any action brought against the Released Parties as a result of my participation in any Wellosophy360 training session.

I \_\_\_\_\_, have read this Informed Consent and Release and Waiver of Liability Agreement, and fully understand its contents and meaning and sign it of my own free will. This release will apply to each and every Wellosophy360 Movement training session/program/workshop or other activity offered by the Wellosophy360 Studio. Any and all of my questions have been answered to my complete satisfaction prior to my signing this Agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_.

By: \_\_\_\_\_  
Client's Signature / Guardian Print name/Guardian Signature

\*\*Those clients under 18 years of age must have this form signed by a parent or guardian.