Breathe FOR Change

LEGAL LIABILITY RELEASE & ASSUMPTION OF RISK

As consideration for being permitted to participate in the Breathe For Change Wellness Class taught by **Theresa M. Walsh**, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of the Instructor, Breathe For Change, Inc. for injury or damage resulting from my participation in any aspect of the Breathe For Change Wellness Class; including including movement, meditation, or other activities. I hereby release the Instructor, Breathe For Change, Inc, and all agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in ANY offerings of the Instructor and for all claims, injury damages or liability suffered by me in connection with my participation. Individuals hereby acknowledge that before participating in a class or program involving exercise, they should consult with a physician. I have carefully read this entire agreement and fully understand the above contents. I am aware and agree that this is a complete release of liability voluntarily assumed for my participation in all activities with the Instructor, Breathe For Change.

_____ (Please initial) I am aware that participation in the Breathe For Change Wellness Class may be a hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this entire document.

_____

Printed Name

_____ _____

Signature Date