



## Release of Liability

I, \_\_\_\_\_ hereby fully waive and release all Resilience1220 therapists, staff members and volunteers with Resilience1220 and Resilience1220 as an entity, from any and all claims for personal injury or death that result from participation in the following activities:

Any movement or activity used during therapy sessions. This may include, but is not limited to, hiking, climbing, walking, skating/skateboarding, yoga, dance, or other movement-based indoor or outdoor activities.

I hereby acknowledge and confirm my understanding that there could be dangers and risks associated with the above mentioned activities, which my therapist has taken the time to fully explain to me. I hereby agree to abide by all rules, regulations, instructions, policies, and procedures imposed by Resilience1220 as they relate to the activity in regards to my safety and the safety of my therapist.

By signing this form, I confirm I understand the dangers and risks and agree to use my best judgment while engaging in said activities. I further agree to hold harmless Resilience1220 and its volunteers from any and all liability incurred as a result of or in any manner related to my participation in the said activities.

With my signature, I acknowledge my consent to the terms laid out in this Release of Liability Form.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Parent(s)/Guardians(s) Name (Printed): \_\_\_\_\_