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The Journey Center for Healing Arts

Waiver of Liability for participation in dance/movement psychotherapy programs/treatment

I understand that I will be participating in therapeutic dance/movement, a psychotherapy treatment involving the use of movement to holistically promote health and wellness through the integration of cognitive, emotional, physical, social, and behavioral wellbeing. This may involve physical and potentially strenuous activity, including but not limited to, body awareness and mindfulness training, movement-based relaxation techniques, creative movement, dance instruction, aerobic/cardio physical activity, yoga-based exercises, stretching, and the use of props to support movement explorations.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this event.

I accept the following statement:

A medical evaluation is strongly recommended prior to beginning any physical/movement-based program/treatment. If, while participating in dance/movement therapy treatment, I experience any health problems, I will see my physician and obtain medical approval to participate before resuming participation in therapeutic dance/movement program/treatment. If medical approval to participate is recommended by my therapist, I will secure the physician's consent before returning to or engaging in therapeutic dance/movement program/treatment. Failure to obtain this release eliminates my participation in programs involving strenuous activity as described above. I will report to my therapist any change in my physical condition, new or changed medications, prescribed or non-prescribed. I fully understand that I may injure myself as a result of my participation in any physical/movement-based program/treatment.

I hereby release The Journey Center for Healing Arts, PLLC from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, and any other illness, soreness, or bodily injuries, however caused, occurring during or after my participation in physical/movement-based program/treatment.

I have read, I understand, and I agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Printed Name of Client	Signature of Client	Date

Printed Name of Legal Guardian	Signature of Legal Guardian	Date

Relationship to client: _____

Client: **Date of Birth:**