STUDENT LIABILITY WAIVER AND RELEASE

STUDENT NAME | DATE OF BIRTH

PARENT/GUARDIAN (FOR MINORS) | PARENT/GUARDIAN (FOR MINORS)

PHONE | EMAIL

ADDRESS | CITY, STATE | ZIP CODE

Please read carefully before signing.

I _____(print name) understand that F.M. Alexander's Technique (hereinafter referred to as "AT") is an educational process and may improve my general level of functioning. AT is not a substitute for medical attention, examination, diagnosis or treatment. As an AT teacher Melissa Webber does not prescribe medical diagnosis or treatment. AT is not a cure for any ailment. If I experience any pain or discomfort, I will inform my teacher immediately. I recognize that it is my responsibility to seek professional medical assistance when needed.

AT is not inherently dangerous; however, the activities it is applied to may be dangerous. I understand it is my responsibility to safely stop the activity and inform the AT teacher if I feel discomfort or strain. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated.

Some activities are not recommended and are not safe under certain medical conditions. I recognize that it is my responsibility to consult a physician prior to performing any activity that may cause harm. I recognize that it is my responsibility to notify my AT teacher of any health concerns before and throughout every AT lesson/workshop. I affirm that I alone am responsible to decide whether to perform a specific activity.

It is also understood that AT instruction usually involves physically touching a student as part of a regular lesson/workshop. I recognize that it is my responsibility to notify my AT teacher of any concerns I may have before and throughout every AT lesson/workshop.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Melissa Webber (and the affiliated AT Practice).

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

STUDENT (PRINTED NAME) | SIGNATURE | DATE

PARENT/GUARDIAN (PRINTED NAME) | SIGNATURE | DATE