



CLASS WAIVER

You have chosen to participate in online and/or in person classes with Michele Miller at Halfmoon Movement & Healing Arts, Inc. Exercise activity should not be undertaken without first consulting a physician, especially if you are pregnant or have any physical limitations due to age or disease or are taking medications. Please discontinue any activity that causes you pain or severe discomfort and consult a physician.

This is a standing waiver that applies to all future classes you take, in person or online, with Michele Miller at Halfmoon Movement & Healing Arts, Inc.

THIS DOCUMENT IS A RELEASE OF CLAIMS AND BY SIGNING IT YOU ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. I acknowledge that all exercise activity, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved.
2. I am in good health and sufficient physical condition to engage in exercise activity and am voluntarily participating in this activity.
3. In consideration for being allowed to participate, I agree to assume all risks of exercise. I agree to release and hold harmless Michele Miller, Halfmoon Movement & Healing Arts, Inc. and any representative of Michele Miller and Halfmoon Movement & Healing Arts, Inc. from any liability or responsibility for any physical injury, illness or death you may incur during, or as a result of participating in this exercise activity.
4. I agree for myself and on behalf of my guests, heirs, representatives, successors and assigns that Michele Miller and those employed by or representative of Halfmoon Movement & Healing Arts, Inc. will not be liable for any damages or injuries I or User Parties may suffer in or about class facilities.

Your Name _____

Your email address _____

Date _____ Phone _____

Emergency Contact and Phone or email _____

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