



STUDENT AGREEMENT

name: _____

1. This is an important document; it is a waiver and release of liability of Elsie Escobar and an acknowledgement that you assume all risk of your physical condition and the practice of which you will be instructed arising from or related to our work together. Read this document very carefully & take all the time you need to understand it.

You acknowledge, by signing below, that you have read this document and that you understand that this document is the final, complete and exclusive statement of the entire understanding between you and Elsie Escobar with regard to the subject-matter hereof. This document supersedes any prior and contemporaneous communications in relation to the subject matter hereof. The terms and conditions of this document may not be modified except in writing and signed by you and Elsie Escobar, and no other agent may change the terms and conditions of this document.

2. Generally.

- a. You represent that you are at least 18 years of age.
- b. You fully understand that Elsie Escobar does not purport to examine your condition or to necessarily know where your personal range of movement begins or ends. You accept sole responsibility to know your physical condition and your personal limitations.
- c. You fully understand that Elsie Escobar is not a medical doctor and, although termed "instructor" are merely suggesting and leading movements, with which you exclusively make the final choice as to whether to participate or not participate. You fully understand that instructors have not examined your physical condition, nor have they advised you on your physical abilities.
- d. You fully understand the risk of injury and personal discomfort resulting not only from your own actions, inactions or negligence, but also the actions, inactions or negligence of others, and/or the condition of the premises or of any equipment used. It is further acknowledged that there may be other risks not known or not reasonably foreseeable at this time.
- e. Prior to participation in a class, please inform Elsie Escobar of any existing pain, discomfort, mental or physical conditions and/or abnormalities (including without limitation, for example, pregnancy and pre-existing conditions) by listing them here: _____

_____. In addition, you agree to inform Elsie Escobar, in writing, of any pain, discomfort, mental or physical conditions and/or abnormalities experienced or resulting during and/or after a session.

3. Waiver of Rights and Assumption of Risk. You agree to assume complete responsibility of any and all risks arising from or related to Elsie Escobar, including, but not limited to, personal discomfort, injury, permanent disability or death associated and/or resulting from said activities. You hereby release, waive and discharge Elsie Escobar from any and all liabilities, demands, losses or damages including, but not limited to, on account of injury, death or damage to property, caused or alleged to be caused in whole or part from your conducting a class, whether or not due to the actions, inactions or negligence of Elsie Escobar. You covenant not to sue Elsie Escobar.

I UNDERSTAND ALL TERMS AND CONDITIONS CONTAINED IN THIS DOCUMENT.

Participant Signature _____
Date: _____

Participant Name (please print) _____