

STUDENT WAIVER

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Tai Chi and Qigong. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Tai Chi and Qigong.

I understand that Tai Chi and Qigong are not replacements for medical care and that any information provided by the instructor is for educational purposes only and is not meant as a substitute for medical advice.

I understand it is solely my responsibility to keep the instructor updated on any changes in my physical health and I understand that Fredda Leiter shall not be liable should I fail to do so.

In consideration of the Tai Chi and Qigong being offered, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the services offered.

In consideration of being permitted to participate in Tai Chi and Qigong, I knowingly, voluntarily, and expressly waive any claim I may have against Fredda Leiter for injury or damages that I may sustain as a result of participating in the services.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Fredda Leiter for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE

STUDENT NAME

STUDENT SIGNATURE

SIGNATURE of Fredda Leiter, INSTRUCTOR