

Move Method Fitness Waiver and Release of Liability



Participant Information

Full Name: _____

Parent/Legal Guardian: _____

Date: _____

Email: _____

Phone Number: _____

Assumption of Risk

I understand that participation in physical fitness activities—including but not limited to strength training, cardiovascular conditioning, mobility work, and movement-based exercises—carries inherent risks. These may include muscle strains, sprains, injuries, or other physical conditions. I voluntarily assume full responsibility for any risks of injury or damages resulting from my participation. _____

Health and Medical Clearance

I affirm that I am physically fit and have consulted with a physician regarding my ability to participate in the Move Method program. I will inform the instructor of any medical conditions, injuries, or limitations that may affect my ability to safely participate. I understand that it is my responsibility to monitor my own physical condition and to stop any activity that causes discomfort or pain. _____

Virtual Sessions

I understand that virtual sessions conducted via video conferencing platforms carry unique risks, including technical issues, lack of direct supervision, and limitations in emergency response. I agree to ensure a safe workout environment and to follow all instructions provided by the instructor. I release Move Method and its affiliates from any liability arising from injuries or issues occurring during virtual sessions. _____

Cancellation Policy

I acknowledge that Move Method has a strict cancellation policy. If I cancel a session with less than 24 hours' notice, I agree to pay the full session fee. This policy ensures fairness and respects the instructor's time and scheduling commitments. _____

Waiver and Release

I hereby release, waive, and discharge Stephanie Huynh, Move Method, its instructors, employees, agents, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained while participating in the program. _____

Media Release (Optional)

I grant permission to Move Method to use photographs, video recordings, or other media taken during sessions for promotional purposes. I understand that I may opt out by notifying the instructor in writing. _____

Agreement

I have read this waiver and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to release all liability to the greatest extent allowed by law.

Signature: _____ Date: _____

Digital Signature (if applicable): I agree to the terms above and consent to sign electronically.