INTOUCH & MOTION

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Waiver of Liability and Informed Consent

My minor child, (print child's name*)* _____, will be participating in dance/movement therapy, a psychotherapy treatment involving the use of movement to holistically promote health and wellness through the integration of cognitive, emotional, physical, social and behavioral well being. This may involve physical and potentially strenuous activity, including, but not limited to, body awareness and mindfulness training, movement-based relaxation techniques, creative movement, dance instruction, aerobic/cardio physical activity, yoga-based exercises, stretching, and the use of props to support movement explorations. I hereby affirm that my minor child is in good physical condition and does not suffer from any disability that would prevent or limit his/her participation in this event.

I accept the following statement on behalf of my minor child:

> A medical evaluation is strongly recommended prior to beginning any physical/movement-based program/treatment. If, while participating in dance/movement therapy treatment I experience any health problems, I will see my physician. If a Doctor's release is recommended, I will attempt to secure the physician's consent as soon as possible. Failure to obtain this release eliminates my participation in programs involving strenuous activity as described above. I will report to my psychotherapist any change in my physical condition, new or changed medications, prescribed or non-prescribed.

I fully understand that my minor child may injure him/herself as a result of their participation in any physical/movement-based program/treatment. I *(print parent/guardian name)* _____, hereby releases InTouch & Motion from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, and any other illness, soreness, or bodily injuries, however caused, occurring during or after my participation in physical/movement-based program/treatment.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

Parent/Guardian: _____ Signature _____ Date _____

Psychotherapist Name: _____ Signature _____ Date _____