

## WAIVER / EXENCIÓN

## HOLISTIC DANCE - A TRANSFORMATIVE EXPERIENCE

First Name/ Nombre/s:	
Address/ Direccion	Apartment
City / Ciudad	Zip Code / Codigo Postal
Phone / Telefono:	Email:
By signing below, I acknowledge and agree that	ti
treatment or therapy. The workshop is not inten with a qualified healthcare professional for any aimed at promoting well-being, self-exploration,	RANSFORMATIVE EXPERIENCE workshop does not replace or substitute for medical ded to diagnose, treat, or cure any medical or psychological condition. It is important to consult medical concerns or conditions. The workshop is solely designed as an experiential event a personal growth through dance, movement, and holistic practices. Participants are engage in activities at their own discretion and within their personal limits.
Growth Integrative Counseling, and Dr. Graciela	rticipant of HOLISTIC DANCE – A TRANSFORMATIVE EXPERIENCE Workshop and Holistic a Rust as a clinical patient or client of therapies conventional or alternative, or Life coaching; that it reaches the level of clinical confidentiality in this environment of the experiential
3. I voluntarily participate in this workshop, and physical, mental, and emotional needs acknowledge.	I recognize and assume responsibility for the activities and practices. I am responsible for my edging what I need for safe practice.
	of this workshop, respect the confidentiality of other group participants and keep what is comment on them outside of the group verbally, digitally, or in some other way that can be out the workshop are welcome.
5. The workshop COVID-19 Precautions accept	s that all are welcome regardless of covid vaccination status and that mask is optional.
integrative counseling, Dr. Graciela Rust's Tean	C DANCE – A TRANSFORMATIVE EXPERIENCE organizers and instructors, Holistic Growth n, to take pictures, and videos of and use my likeness in a photograph, video, or other digital, including web-based publications, without payment or other consideration.
7. I acknowledge that I understand the nature are responsibility for my own physical and emotional	nd risk of the activities and practices I participate in and voluntarily assume those risks. I take all needs and will act on my needs to stay safe.
discharge, and covenant not to sue any of the H Counseling, owners, organizers, instructors, or lessors of premises on which the activity takes p liability, claims, demands, losses, or damages of "releasees" or otherwise, including negligent res risk, and indemnity agreement, I or anyone on n	r losses, costs, and damages I incur due to my participation. I hereby forever release, dolistic Dance I A Transformative Experience, Dr. Graciela Rust, Holistic Growth Integrative event participants, their agents, any sponsors and/or advertisers, and if applicable, owners and clace; each aforementioned considered one of the "releasees" herein, I forever release from all on my account caused or alleged to be caused in whole or in part by the negligence of the scue operations. I further agree that if, despite this release and waiver of liability, assumption of the service of the Releases, I will indemnify, save, and hold forever harmless each of the grees, loss, liability, damage, or cost which may incur as the result of such claim.
	above clauses of the present waiver and agree that that HOLISTIC DANCE – A its practitioners or service providers, or property owners are not held liable for any injury or ts.
SIGNATURE	DATE
PRINT NAME	

