



WAIVER / EXENCIÓN

MIND-BODY- SPIRIT BELLY DANCE

SACRED WOMEN'S DANCES WORKSOP

First Name/ Nombre/s: _____ Last Name/ Apellido: _____

Address/ Direccion _____ Apartment _____

City / Ciudad _____ Zip Code /Codigo Postal _____

Phone / Telefono: _____ Email: _____

By signing below, I acknowledge and agree that:

1. Participation in the " MIND-BODY- SPIRIT BELLY DANCE " workshop does not replace or substitute for medical treatment or therapy. The workshop is not intended to diagnose, treat, or cure any medical or psychological condition. It is important to consult with a qualified healthcare professional for any medical concerns or conditions. The workshop is solely designed as an experiential event aimed at promoting well-being, self-exploration, a personal growth through dance, movement, and holistic practices. Participants are responsible for their own well-being and should engage in activities at their own discretion and within their personal limits.

2. There is no relationship between me, as a participant of MIND-BODY- SPIRIT BELLY DANCE Workshop and Holistic Growth Integrative Counseling, and Dr. Graciela Rust as a clinical patient or client of therapies conventional or alternative, or Life coaching; nor is there a relationship that can create a duty that it reaches the level of clinical confidentiality in this environment of the experiential workshop.

3. I voluntarily participate in this workshop, and I recognize and assume responsibility for the activities and practices. I am responsible for my physical, mental, and emotional needs acknowledging what I need for safe practice.

4. It is expected that I, as a voluntary participant of this workshop, respect the confidentiality of other group participants and keep what is shared in the group, inside the workshop, not comment on them outside of the group verbally, digitally, or in some other way that can be harmful to other; and that positive feedback about the workshop are welcome.

5. The workshop COVID-19 Precautions accepts that all are welcome regardless of covid vaccination status and that mask is optional.

6. I hereby grant the permission to the MIND-BODY- SPIRIT BELLY DANCE organizers and instructors, Holistic Growth integrative counseling, Dr. Graciela Rust's Team, to take pictures, and videos of and use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

7. I acknowledge that I understand the nature and risk of the activities and practices I participate in and voluntarily assume those risks. I take responsibility for my own physical and emotional needs and will act on my needs to stay safe.

8. I fully accept and assume all responsibility for losses, costs, and damages I incur due to my participation. I hereby forever release, discharge, and covenant not to sue any of the MIND-BODY- SPIRIT BELLY DANCE, Dr. Graciela Rust, Holistic Growth Integrative Counseling, owners, organizers, instructors, or event participants, their agents, any sponsors and/or advertisers, and if applicable, owners and lessors of premises on which the activity takes place; each aforementioned considered one of the "releasees" herein, I forever release from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I or anyone on my behalf claims any of the Releases, I will indemnify, save, and hold forever harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

9. By signing and dating below, I agree with the above clauses of the present waiver and agree that that MIND-BODY- SPIRIT BELLY DANCE and any of its practitioners or service providers, or property owners are not held liable for any injury or harm you may encounter during classes & events.

SIGNATURE

DATE



PRINT NAME