

Sharon Frazier

RESTORATIVE FUSION™

WAIVER AND RELEASE OF ALL CLAIMS BY CLIENT

The CLIENT acknowledges that any program of Movement Therapy & fitness exercise involves a risk of injury.

The CLIENT represents that he/she has been recently examined by a medical doctor and been found able to undertake a program of exercise.

For and in consideration of the design of an exercise program for CLIENT by Sharon Frazier (“Movement Therapist & Exercise Specialist”), the CLIENT agrees:

1. Any exercise program shall be undertaken by CLIENT at his/her sole risk
2. Ms. Frazier shall not be liable to CLIENT, nor any other person, for any claims or causes of action whatsoever (including injury or damages resulting from acts of active or passive negligence) arising out of or connected with the services of Ms. Frazier.
3. The CLIENT hereby releases and discharges Ms. Frazier from any such claims or actions.

Signature of CLIENT _____

Date _____