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Release and Waiver of Liability and Indemnity Agreement

Healing Through Movement: A Gentle Space for Coming Home to Yourself

Group Details

- 4 Week Group | Mondays 5:30 PM – 6:30 PM
- Session 1: September 1st – September 22nd | Session 2: October 6th – October 27th
- Location: Online via Zoom
- Facilitator: Justin Baker, LMFT, Wellspring Psychological Services

Introduction

This Release and Waiver of Liability and Indemnity Agreement (“Agreement”) is for participation in *Healing Through Movement*, a therapeutic group incorporating gentle movement, somatic practices, and emotional exploration. This Agreement supplements any prior informed consent and outlines the risks and responsibilities associated with participation.

By signing below, you (“Participant”) acknowledge that you have read, understood, and voluntarily agree to the terms of this Agreement.

Description of Activity

Healing Through Movement is designed to support emotional healing, nervous system regulation, and reconnection with the body through guided practices. Activities may include:

- Gentle yoga or mindful movement (adapted for all levels).
- Somatic exercises (e.g., breathwork, body scans).
- Emotional reflection and group sharing (optional).

This is not a fitness-oriented group. No prior experience is required, and modifications will always be offered.

Assumption of Risks

I understand that participation involves inherent risks, including but not limited to:

- **Physical risks:** Muscle strain, slips/falls, or aggravation of pre-existing conditions.
- **Emotional risks:** Temporary discomfort as emotions or memories arise.
- **Confidentiality:** While group members agree to respect privacy, unintended breaches may occur.
- **Property damage:** Loss or damage to personal items (e.g., yoga mats, props).

I acknowledge that the Facilitator cannot eliminate these risks and I voluntarily accept responsibility for my participation.

Participant Agreements

To participate, I agree to:

1. **Consult a physician** if I have medical/mental health conditions that could affect my ability to engage safely.
2. **Honor my limits** and modify or skip any activity that feels unsafe.
3. **Communicate promptly** with the Facilitator if I feel physically/emotionally distressed.
4. **Respect confidentiality** and refrain from sharing others' personal stories outside the group.

Release of Liability

In exchange for participation, I, on behalf of myself and my heirs, hereby release and hold harmless Wellspring Psychological Services, its staff, and affiliates ("Released Parties") from any claims, injuries, or damages arising from my participation, **except in cases of gross negligence or willful misconduct.**

I understand that this Agreement waives my right to sue or seek compensation for injuries or losses related to the group.

Indemnification

I agree to indemnify (reimburse) the Released Parties for any costs or claims resulting from my actions or omissions during the group.

Acknowledgement

I confirm that I have read this Agreement, understand its terms, and sign voluntarily.

Participant's Name (Print):

Date:

Participant's Signature:

Facilitator Contact: Justin Baker, LMFT | jbaker@wellspringbranches.com | 831-275-6586

Recommended Props: Yoga mat, 2 blocks, bolster, blanket.