

Get It Dunne, LLC

LEGAL LIABILITY RELEASE & ASSUMPTION OF RISK

As consideration for being permitted to participate in a wellness class offered by Get it Dunne, LLC, I agree to the following:

1. Assumption of Risk

I understand that participation in wellness activities—including, but not limited to, movement, yoga, stretching, breathwork, meditation, and other physical or mindfulness practices—carries inherent risks.

These risks may include, but are not limited to:

- Muscle strain or soreness
- Falls or loss of balance
- Dizziness or lightheadedness
- Aggravation of existing conditions
- Serious injury, in rare cases

I knowingly and voluntarily assume all risks, both known and unknown, associated with my participation.

2. Release of Liability

I hereby release, waive, and discharge the Instructor and Get It Dunne, LLC, including their respective employees, contractors, officers, directors, agents, affiliates, and representatives (collectively, the “Released Parties”), from any and all claims, demands, causes of action, damages, or liabilities arising out of or related to my participation in any wellness class or activity.

This release applies to any injury, illness, damage, or loss that may occur, whether caused by negligence or otherwise, to the fullest extent permitted by law.

3. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, liabilities, damages, costs, or expenses (including reasonable attorneys’ fees) arising out of or related to my participation in the class.

4. Health & Medical Acknowledgment

I represent that I am physically able to participate in the activities offered. I understand that it is my responsibility to consult with a physician prior to participation if I have any concerns.

I agree to:

- Listen to my body
- Modify or stop participation as needed
- Take full responsibility for my own health and well-being

5. No Medical Advice

I understand that the wellness class is for general educational and wellness purposes only and is not intended as medical advice, diagnosis, or treatment.

6. Acknowledgment of Understanding

_____ (Please initial) I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a legally binding agreement. I voluntarily agree to its terms.

Printed Name

Signature

Date