MINOR LIABILITY RELEASE FORM

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All persons under the age of 18 are required to have a parent or guardian fill out this form.

By signing below, you are certifying that you are the parent or legal guardian of the minor receiving either *Feldenkrais Functional Integration*® from Michelle Drerup or participating in *Feldenkrais Method Awareness Through Movement*® classes with Michelle Drerup.

You also understand that you may be required to remain at the facility for the entirety of the minor's sessions, that you may be required to assist the minor in preparing for his/her/their sessions, and that you may be required to remain in the room to supervise all interactions between myself and the minor.

You also agree that you have informed me of all relevant medical history, symptoms, medications, and/or concerns associated with this minor.

I _____, certify that I am the parent or legal guardian of _____, who is ____ years of age.
I understand that the scope of the *Feldenkrais Method*® is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive *Functional Integration*® and participate in *Awareness Through Movement*® with Michelle Drerup, and I agree to all the above-listed terms.

Parent/Guardian Contact Information:

Date

Name

Street

City State Zip

Email

Phone