

MOTIVES WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Waiver and Release

I, do hereby waive, release and forever discharge Motives Movement LLC, and its officers, employees, agents, representatives and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me, my child or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered by Motives Movement LLC, including, but not limited to, my use of equipment in connection with the activities, facilities, programs, and services offered which may include off-site activities under close supervision.

Initial here:

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities, facilities, programs and services offered by Motives Movement LLC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, facilities, programs and services, or that I have decided to participate in these activities, facilities, programs and services without the approval of my physician. I do hereby assume all responsibility for my participation in the activities, facilities, programs and services offered by Motives Movement LLC at the, and for my utilization of any and all equipment in connection with these activities, facilities, programs and services which may include off-site activities under close supervision.

Initial here:

☐ I agree to these terms.

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures