

Waiver for Feldenkrais® & Katarina Halm's Thinking in Movement Studio,  
including John Pepper's Conscious Walking for Parkinson's

<b>Waiver Agreement</b>
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*to participate in lessons and classes*

- I understand that Feldenkrais® is *not* a medical treatment, but movement explorations designed to help me find easier ways to do familiar activities.
- I give permission to the Feldenkrais® teacher to lead me through movement sequences that comprise the Feldenkrais Method®.
- I consent to personal contact between the teacher and me, insofar as appropriate to help me adjust my comfort or otherwise correct my position for optimal benefit from the class.
- I understand and agree that I am responsible for my own well-being while doing Feldenkrais®.
- I will follow the directions of the Feldenkrais® teaching staff: to do *small movements* in a *deliberate fashion*. If I begin to experience any discomfort, I will do still *smaller* movements, even more *slowly*. If even the smallest movement is uncomfortable, I will only *imagine* doing the movement, instead of actually doing it.
- I understand that I would have prior permission to consent or decline any photographs of me engaging in these lessons.

Elements from Feldenkrais Awareness Through Movement® lessons support the learning process. Included will be a practice plan for everyone.

These lessons will be useful for those with PD and related neurological conditions, their families, caregivers, physicians, physical therapists, anyone interested in working with neurological approaches to balance and walking.

Date: \_\_\_\_\_

signature of Participant \_\_\_\_\_

print name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

telephone \_\_\_\_\_

your notes / requests \_\_\_\_\_

Please attach additional pages if you wish to.