

# PILATES movement studio

## WAIVER AND RELEASE

Because participation in any physical exercise, including a Pilates program, can be strenuous and subject to risk of serious injury, Pilates Movement Studio, LLC (the "Studio") urges the undersigned to consult with a physician prior to participating in Pilates and Pilates based conditioning sessions held by the Studio. I agree that by participating in such sessions, I do so entirely at my own risk.

I agree that in consideration for my participation in such sessions, I hereby fully remise, release, acquit, and forever discharge all rights, claims, demands, damages, actions, and causes of action, of any nature whatsoever, whether arising at law or equity, which I may have had, may now have, or may hereafter have, against Studio and its instructors, by reason of my participation therein.

As a part of my participation in such sessions, I agree to provide Studio with a complete health history and update such history as needed. Furthermore, I acknowledge and understand the guidelines provided to me regarding such sessions and any applicable limitations placed on me in my participation therein.

I acknowledge that I have carefully read this instrument and fully understand that it is a release of liability. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect, and the offending provision or provisions severed here-from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am the legal guardian of \_\_\_\_\_, a minor, and being authorized so to do, I hereby agree to the terms and conditions of this release in relation to such minor.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_