



LIABITLITY RELEASE FORM

In consideration of being allowed to participate in any way in the Every Body Pilates program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, health program or workshop offered by Everybody Pilates. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with Everybody Pilates. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the class, health program, or workshop.
2. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the program.
3. I knowingly, voluntarily and expressly waive any claim that I may have against Everybody Pilates instructor or Everybody Pilates for injury or damages that I may sustain as a result of my participation.
4. Heirs, my legal representatives or I, forever release and waive any liabilities against Every Body Pilates and it's instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity.

I HAVE READ THE ABOVE RELEASE & WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature: _____ Date: _____

If participant is under the age of 18 as legal guardian of:

Name of Minor: _____

I consent to the above conditions.

Signature of Parent/Guardian of Minor: _____

“Witnessed by” Signature: _____ Date: _____