

PILATES WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

This *Release, Waiver* and Hold Harmless Agreement is made by and between the undersigned (client) and *Bodies in Balance Physical Therapy*, and entered into on the day month and year below.

Bodies in Balance provides space for instruction in the Pilates method of physical conditioning. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client.

Client desires to undertake Bodies In Balance's program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

The parties recognize that Bodies in Balance will not be able to provide its program to client without the execution of the agreement.

Therefore, the client in consideration of the above and the exercise classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act of Bodies in Balance instructors, staff, partners or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in Bodies In Balance exercise programs.

I _____ have enrolled in a program of physical activity including but not limited to the use of various Pilates machinery offered by Bodies In Balance. I understand that participation in the Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, muscle/movement patterns, illness or medical disabilities.

I hereby affirm that I have and will keep Bodies In Balance fully informed of any existing physical condition or disability which would prevent or limit my participation in an exercise or physical-conditioning program. I will also keep Bodies In Balance informed of any physical condition or disability arising from my participation in the exercise program.

In consideration of my participation in Bodies In Balance exercise program, I, my heirs and assigns, hereby release Bodies in Balance (its employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in Bodies In Balance's exercise program and I hereby release Bodies in Balance from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in the exercise program

I hereby affirm that I have read and fully understand the above, am over eighteen years of age, or am a legally emancipated minor.

Today's Date _____

Client's Signature _____
Client's Name _____

(please print)

Client's Address _____
