



Pilates/Personal Training/Group Fitness Liability Waiver

I voluntarily consent to participate in an exercise program and/or assessment with Re-Form Physical Therapy and Pilates, LLC. I accept and assume the risks associated with Pilates, Barre, and personal training including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. I hereby freely and expressly assume all risk of property damage, injury, and death associated with Pilates/fitness training.

I understand that it is my responsibility to consult with a physician prior to and regarding participation in Pilates/fitness training. I represent and warrant that I have no physical or mental condition that would prevent full participation in Pilates/fitness training. I agree to inform my instructor immediately of any physical or mental condition that would prevent my full participation in Pilates. In consideration for participation in Pilates/fitness training, receiving instruction in a group, private, or semi-private lessons, or workshops and using the equipment and facilities, I hereby agree to release, hold harmless, and indemnify Re-Form Physical Therapy and Pilates, LLC, from any and all claims by me or on my behalf against Re-Form Physical Therapy and Pilates, LLC arising directly or indirectly out of my participation in Pilates, use of any equipment and facilities, and participation in any class, program, or workshop offered by Re-Form Physical Therapy and Pilates. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Re-Form Physical Therapy and Pilates.

This release is binding upon Participant, and Participants heirs, assigns, and legal representatives. If signing on behalf of a minor, Participant's Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates/fitness training and agrees to release, hold harmless, and indemnify (including costs and attorney's fees) Re-Form Physical Therapy and Pilates, LLC for any claims brought by or on behalf of the minor. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Printed Name _____

Client Signature _____ Date _____