

Waiver of Liability and
Prospective Release Form for Active Body Pilates

I _____ hereby agree to the following:

That I am participating in physical activity at Active Body Pilates which may include, but is not limited to Pilates. I recognize that any physical activity may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved in such activity.

I represent and warrant that I am physically fit and I and have no medical condition that would prevent my full participation in these classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes. If I have any existing medical condition, I have been cleared by my doctor to participate in activities at Active Body Pilates and explained the details on the Active Body Pilates History Form and in person.

In consideration of being permitted to participate in these classes, I agree to assume full responsibility for any risks, injuries or damage, know or unknown, which I might incur as a result of participation in these activities or as a result of negligence.

In further consideration of being permitted to participate in these classes, I knowingly, voluntarily and expressly waive any claim I may have against Active Body Pilates for injury or damages that I may sustain as a result of participating in these activities.

I, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Active Body Pilates studio, Active Body Pilates owner and its agents for any injury or death caused by any negligent act or omission.

I have read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____ Date: _____

Phone number:

e-mail address:

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