



Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:
Print full name above

1. That I am participating in private sessions or classes offered by **Pilates of Palm Beach, LLC** during which I will receive information and instruction about fitness. I recognize that fitness programs require physical exertion that 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 the classes that I am taking with **Pilates of Palm Beach, LLC**. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes, programs or workshops.

3. In consideration of being permitted to participate in private sessions or classes with **Pilates of Palm Beach, LLC**, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. I further confirm that I have fully disclosed to **Pilates of Palm Beach, LLC** all my injuries and illnesses past and present. In addition, I agree to report any changes in my physical condition to **Pilates of Palm Beach, LLC** immediately. And, if I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform my instructor immediately.

4. In further consideration of being permitted to participate in private sessions and classes with **Pilates of Palm Beach, LLC**, I knowingly, voluntarily and expressly waive any claim I may have against **Pilates of Palm Beach, LLC** for injury or damages, including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower, back/neck/foot injuries and any other illness, soreness or injury, however caused, that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue **Pilates of Palm Beach, LLC** for any injury or death caused by their negligence or other acts.

6. I understand that **Pilates of Palm Beach, LLC** has the right to refuse service to anyone they feel is inebriated or drugged or whom they feel may be in a compromised state rendering them unfit for exercise or other services offered by **Pilates of Palm Beach, LLC**.

7. I understand that **Pilates of Palm Beach, LLC** has a 24-hour appointment cancellation policy and that a full session fee will be charged for cancellations less than 24-hours advanced notice. All sessions are to be paid in advance, and all sales are final. No refunds.

I hereby affirm that 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.

Signature of Participant

Date