

Release & Waiver The Pilates Center

I, _____, have enrolled in a program of physical activity, including but not limited to, body conditioning machinery used during the workouts offered by The Pilates Center. I affirm that I am in good physical condition and do not suffer from any disability that would contribute to injury. Furthermore, I understand and agree with the following:

1. I assume full responsibility while voluntarily participating in any training and /or exercise program at my sole risk.
2. It is recommended that I receive medical clearance from my private physician prior to starting this or any exercise training program. This program can be designed for persons with known heart disease or those with disorders, which can require medical supervision however, those persons should have a direct physician referral. The Pilates Center of Baton Rouge reserves the right to deny services to those without written consent/referral from their physician.
3. I expressly agree that I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk and that The Pilates Center director or employees shall not be liable to me nor any other person, for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected to services and/or exercises having direct or indirect relation to this facility. I do hereby release and discharge The Pilates Center thereof from all claims, demands, injuries, damages, actions, or causes of actions and from all acts of active or passive negligence on the part of The Pilates Center.

**I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE
CONDITIONS**

Client Signature: _____ Date: _____

In case of emergency, please contact:

Emergency phone number(s): _____