



Agreement of Release and Waiver of Liability

Pilates of Marin, LLC

PLEASE READ CAREFULLY—THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS

I, _____, hereby agree to the following:

1. I am participating in classes, programs, or workshops offered by **Pilates of Marin, LLC** during which I receive information and instruction about Pilates and fitness. I recognize that Pilates/fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks 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 Marin, LLC**. I represent and warrant that I am physically fit and 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 classes, programs, or workshops with **Pilates of Marin, LLC** I agree to assume full responsibility for any risks, injuries or damages, known or unknown that I might incur as a result of participating in the programs. I further confirm that I have fully disclosed to **Pilates of Marin, LLC** all my injuries and illnesses past and present. In addition, I agree to report any changes in my physical condition to **Pilates of Marin, LLC** immediately. 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 classes, programs, or workshops with **Pilates of Marin, LLC**, I hereby agree to waive any claim I may have against **Pilates of Marin, LLC** for any injury however caused that I may sustain as a result of participating in the programs.
5. I, my heirs or legal representatives, forever release, waive, and discharge not to sue **Pilates of Marin, LLC** and its owners, employees, independent contractors and any affiliates from any and all claims arising directly or indirectly out of my participant in any class, program, or workshop for any injury or death caused by their negligence or other acts.
6. I understand that **Pilates of Marin, LLC** has the right to refuse service to anyone they feel may be in a comprised state rendering them unfit for exercise or other services offered by **Pilates of Marin, LLC**.

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

If participant is under 18, signature of parent/legal guardian