



WILMINGTON DANCE ACADEMY

Liability Waiver

I, _____, am participating in Pilates/Fitness classer or personal training sessions from either Lisa Cataldo or substitute instructor at Wilmington Dance Academy. I acknowledge that there are risks of accident or injury when undergoing Pilates/Fitness training. I assume any risk connected with the participation in group exercise classes or personal training at Wilmington Dance Academy. I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program. I agree to keep my instructor informed of changes to my physical condition or changes in my ability to perform the activities associated with my training.

All exercises will be undertaken with my utmost safety, personal strength and ability in mind. I hereby release Wilmington Dance Academy, Lisa Cataldo, or any substitute Pilates/Fitness instructor from any responsibility or liability for damages arising from any injury which I might suffer or after my participation in such exercises.

I have carefully read and understand the above agreement and want to participate in the program/class.

Signature: _____ Date: _____

Printed Name: _____ Birthday: _____

Address: _____

Contact Phone Numbers: _____

E-mail: _____

How you heard about us: _____