

Release and Liability Waiver

The Participant recognizes that participation in a sport, physical exercise and physical therapy may result in accident or injury and the Participant assumes the risk connected with this participation. Participant is in good health and does not suffer from any significant physical impairment which would compromise their safety of use of Pilates MN's facilities.

Participant specifically agrees that Pilates MN, its officers, independent contractors, employees, and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to Participant's use of the facilities or participation in exercise or activity within or without the studio premises, and Participant agrees to hold Pilates MN harmless from same.

I authorize Pilates MN Physical Therapists and Trainers the freedom to share medical or physical issues I may have to further benefit my therapy and healing. This authorization may be cancelled by me in writing at any time.

Pilates MN's cancellation policy for Privates, Classes and PT work is 24 hours. This policy is standard throughout the industry. It respects the time, preparation and schedules of both our Trainers and Fellow Clients.

*** Please initial that you have read and accept 24 hour policy _____.**

I have read the above release and waiver of liability and fully understand its contents. This release is binding on my heirs, executors, assigns and administrators. I voluntarily agree to the terms and conditions.

Signed _____ Date _____

First Name _____ Last Name _____

For Minors Only: The undersigned is a parent or legal guardian of _____ (client herein), and on his/her behalf, hereby agrees to all the conditions set forth above.

Parent Signature _____ Date _____