



# Waiver

## Agreement of Release and Waiver of Liability

I, \_\_\_\_\_ hereby agree to the following:

- \_\_\_\_\_ 1. That I am participating in the Pilates & Fitness, and/or Dance & Performing Arts Classes, Programs or Workshops offered by Movement Studios LLC. Such classes may be offered in-person or online and will provide information and instruction about Pilates, fitness, and performing arts. I recognize that these 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 Pilates & Fitness, and/or Dance & Performing Arts Classes, Programs or Work-shops. \*I represent and warrant that I am physically fit and I have no medical condition that will prevent my full participation in the Exercise and Performing Arts Classes, Programs or Workshops. **\*If not applicable skip to #3.**
- \_\_\_\_\_ 3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Pilates & Fitness, and/or Dance & Performing Arts Classes, Programs or Work-shops. I represent and warrant my physical conditions/limitations on the medical release and/or registration forms and I agree to participate in Exercise and Performing Arts Classes, Programs or Workshops. List all medical conditions on appropriate forms and initial.
- \_\_\_\_\_ 4. In consideration of being permitted to participate in Pilates & Fitness, and/or Dance & Performing Arts Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program
- \_\_\_\_\_ 5. In consideration of being permitted to participate in Pilates & Fitness, and/or Dance & Performing Arts Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I might have against Movement Studios LLC for injury or damages that I may sustain as a result of participating in the program.
- \_\_\_\_\_ 6. Studio Policy - see attached. I have read Movement Studios' Policies and agree to the terms and conditions.
- \_\_\_\_\_ 7. I, my heirs or legal representative, forever release, waive, discharge and covenant not to sue Movement Studios LLC for any injury or death caused by their negligence or other acts.

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.

\_\_\_\_\_ date

\_\_\_\_\_ signature of participant

*If participant is under 18 years old:*

As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

\_\_\_\_\_ date

\_\_\_\_\_ signature of parent/guardian of participant