



Agreement of Release and Waiver of Liability

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 on line 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 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. I have read the above release and waiver of liability and fully understand its contents. I volun		
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above terms and conditions.	If participant is under 1	8 years old:
date signature of parent/quardian of participant		
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