

**Waiver of Liability
Reforming Indy Pilates Studio LLC**



I, the undersigned, am voluntarily participating in Pilates which involves strength, flexibility and aerobic exercise. The training includes the use of equipment and exercises that may cause injury, I am aware of this injury risk and hereby release the studio, its employees, and others acting on its behalf from any claims or liabilities for injury or damages to my person arising from my participation in such training.

I acknowledge that it is recommended that I have a yearly or more frequent examination and consultation with my physician regarding physical activity, exercise and use of exercise equipment in regards to my current health condition. I have recently been given permission by my physician to participate in Pilates or have decided to participate without approval and assume responsibility for myself.

I agree to keep my trainer informed of any changes to my physical condition or changes in my ability to perform the activities associated with my Pilates training. I also agree that although package expiration dates can be extended due to health reasons the final and ultimate decision is up to the studio and is not guaranteed.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree completely to the terms and conditions written above.

Signed _____

Date _____

Print Name _____

Address _____

Contact No. _____