



## WAIVER OF LIABILITY/INFORMED CONSENT

I, \_\_\_\_\_, am participating in a program of moderate to strenuous Pilates exercises, including but not limited to, flexibility and muscle strengthening exercises performed on a variety of STOTT PILATES, and Balanced Body equipment which include but is not limited to one or more of the following: Reformer, Wall Unit, Arc Barrel, Ladder Barrel, Stability Chair, and Exercise Mat. In addition I may use small equipment including but not limited to the Fitness Circle, Flex Band, Foam Roller and Bosu. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program.

I fully understand that I may injure myself as a result of my participation in the STOTT PILATES method of exercise, and

I, \_\_\_\_\_, hereby release Carrie E Robinson and CEJ & Sons, Inc., dba: Pilates Studio at the Lake, from any liability now or in the future, including, but not limited to physical injuries and any other illness, soreness or injury however caused, occurring during, or after my participation in the exercise program.

The undersigned party hereby releases, acquits and forever discharges Carrie E Robinson and CEJ & Sons, Inc., dba: Pilates Studio at the Lake, together with all representatives, agents, employees, heirs and assigns from any and all claims, demands, causes of actions, suits, sums of money, damages, and judgments of any kind or nature, at law or equity, in arbitration or in court, whether known or unknown, for damages arising from my participation in any exercise program conducted by any teacher at Pilates Studio at the Lake.

I hereby affirm that I have read and fully understand the above.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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