



LEGAL DISCLAIMER

In consideration of being permitted to participate in these classes, I _____ agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participation in these activities or as a result of negligence. In further consideration of being permitted to participate in these classes, I knowingly, voluntarily and expressly waive any claim I may have against Progression Pilates or its instructors and staff for injury or damages that I may sustain as a result of participating in these activities. I, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Progression Pilates studio, Progression Pilates owner and its agents for any injury or death caused by any negligent act or omission. _____ (initial)

PERSONAL LIABILITY & SAFETY WAIVER

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. You agree that you are voluntarily participating in these activities and assume all risks of injury, illness, or death. _____

I understand that exercise can be a potentially hazardous activity. _____

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes. If I have any existing medical condition, I have been cleared by my doctor to participate in activities at Progression Pilates. If I have consulted a physician, I have taken the physician's advice. I have explained the details of a pre

existing medical condition or injury on the Progression Pilates Getting to Know You Form and in person or via video conferencing. _____

If I am pregnant or plan to become pregnant during the course of my participation in classes with Progression Pilates, I will submit a signed physician's note stating that I am physically able to participate in classes. Once I am 19 weeks I will alert my instructor to the fact and be aware that some positions will be modified or no longer allowed for the term of my pregnancy and possibly beyond. _____

I agree to comply with all rules imposed by the company regarding the recommended use of equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. _____

I agree to listen and adhere to the safety cues of the instructor and I will notify instructors immediately of any pain and/or major discomfort felt during any activity. I know or will strive to understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. _____

I hereby affirm that I have read this document in its entirety. I agree to each and every term and condition of this document. I also realize that risks may be caused by bad decision-making, inattention, misuse or failure of equipment and freakish accidents that cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with enjoying Pilates. _____

SILLY LITTLE ADD ON WAIVER (STILL NEEDS INITIALS)

I realize I risk the chance of making a healthier permanent decision about my life that may begin to take care of my mind and body. I realize that I may become quickly and undeniably addicted to the way that Pilates makes my body feel. I also realize that said exercise regime may have a tendency to urge me to peer pressure others to join in, so they can also feel as amazing as I possibly can. _____

Printed Name _____

Signature _____

Date _____

**MINOR ADDENDUM
(REQUIRED FOR PARTICIPANTS AGES 13-17)**

I, _____ (parent/legal guardian)
consent to the following for _____ (minor
child):

My child is voluntarily participating in a Pilates class led by an instructor from Progression Pilates. I recognize that the classes require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the above classes.

I represent and warrant that my child has no medical condition that would prevent his/her participation in the classes. I agree to assume full responsibility for any risks, injuries or damage known or unknown which my child may incur as a result of participating in the classes.

I knowingly and voluntarily and expressly waive any claim I may have against Progression Pilates or any instructor, employee, or owner for injury or damages that my child may sustain as a result of participating in the classes.

Minor Name _____

Minor Signature _____

Guardian Name _____

Guardian Signature _____

Date _____