

Pilates Class Injury Waiver Agreement

I, the undersigned participant, recognize and understand that participating in Pilates classes involves physical activity, exercise, and possible risk of injury. By signing this agreement, I acknowledge that I am participating voluntarily and at my own risk.

I confirm that I am in good physical health and have consulted with my physician regarding my ability to participate in Pilates classes. I agree to inform the instructor of any health conditions, injuries, or limitations that may affect my participation.

Release of Liability

In consideration for being allowed to participate in Pilates classes, I hereby release and hold harmless the instructor(s), facility, and any associated personnel from any and all claims, demands, injuries, damages, or causes of action arising from my participation.

- I accept full responsibility for my participation.
- I understand it is my responsibility to monitor my own physical condition during the class.
- I will immediately stop if I feel any pain, dizziness, or discomfort.
- I release the instructor and facility from liability for any injury or accident that may occur.

I have read and fully understand this waiver and release of liability. My signature below indicates that I voluntarily agree to its terms.

Participant Name:

Date:

Signature: