

## Liability Release Form

I \_\_\_\_\_, voluntarily consent to participate in an exercise program and/or assessment with Pilates by Elise. I recognize that these activities may at times be strenuous. I have been advised and understand that participating in any exercise or conditioning program presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities.

I understand that a medical evaluation is advisable before commencing any exercise or conditioning program. By my participation in any of these activities, I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician. I understand that in rare cases physical exercise can cause dizziness, chest discomfort, nausea, and joint or muscle soreness.

I assume all risks involved and hereby waive, release and forever discharge Pilates by Elise, action for damages, injury, disability or death, including claims for negligence, arising out of or related to my participation in any exercise program or assessment.

I have read and understand this informed consent and release of liability and it accurately sets forth my intentions and, I agree to be bound by its provisions.

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

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

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