

**JEAN MARIE FITNESS & PILATES LLC  
WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE**

I have enrolled in an exercise program, a seminar or workshop where fitness instruction is offered by Jean Marie Fitness & Pilates LLC. I have been informed and acknowledge that Jean Marie Fitness & Pilates LLC makes no claims of guaranteed results which can or may be obtained through participation in this program.

If there are any activities that a physician or other chosen healthcare practitioner has advised against doing, I agree to inform Jean Marie Fitness & Pilates LLC before beginning this exercise program and for the duration of the program. The physician in charge of my care either agrees or has recommended that I participate in programs offered by Jean Marie Fitness & Pilates LLC. I will keep Jean Marie Fitness & Pilates LLC fully informed of any physical or medical conditions or disabilities or changes in my status throughout the instruction which would prevent or limit participation in this program of instruction or use of equipment.

I realize that there is unavoidable risk of injury, especially if I have a pre-existing injury, illness or medical disability, and I have informed Jean Marie Fitness & Pilates LLC of any such pre-existing condition. I understand that a medical evaluation is advisable before beginning any program of exercise. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of my exercise program including possible short-term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, nausea, mood changes, etc. and that any strenuous athletic or physical activity involves certain risk of injury.

I assume the risk of any accidents or injuries of any kind which may be sustained by reason of or in connection with use of its directors, employees, contractors and apprentices of any and all claims, demands, rights of action, present or future, whether known or unknown resulting from participation in this program of instruction. I expressly assume all risks of injuries resulting from my participation in this program of instruction and use of Jean Marie Fitness Pilates LLC studio or equipment.

I acknowledge, as indicated by my signature below, that I have read and fully understand this consent form. By signing this form, I am authorizing persons listed on the Medical Health History form to act in my behalf if needed.

Jean Marie Fitness & Pilates LLC shall not be responsible for any article lost, stolen or damaged in or about the studio.

I have read the above liability waiver and agree to the terms and conditions stated above.

**Client:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_