



PLTS Pilates Pty Ltd

Participant Waiver & Liability Release

Name: _____

Date of Birth: _____

Emergency Contact: _____

Liability Waiver

By signing this form, I acknowledge that participation in Pilates classes involves inherent physical risks including injury or illness. In consideration of being permitted to participate in classes run by PLTS Pilates Pty Ltd, I agree to the following:

1. I voluntarily assume all risks associated with participation, including personal injury, accident, or illness.
2. I confirm I am physically capable of participating and have sought medical advice if needed.
3. I will inform the instructor of any injury, discomfort, or health changes before or during any session.
4. I will follow instructor guidance and stop any exercise that causes pain or discomfort.
5. To the fullest extent permitted by law, I release PLTS Pilates Pty Ltd, its instructors, employees, and agents from any and all claims arising from participation in classes.
6. I consent to emergency medical treatment if I am unable to give consent at the time.
7. I agree to indemnify PLTS Pilates Pty Ltd against any claims made by me or on my behalf, including reasonable legal costs.
8. This waiver is binding on my heirs, legal representatives, and assigns.

Photography & Content Consent

I understand that images may be taken during PLTS classes for use in promotional materials for PLTS Pilates. Any images used will not contain my face without my explicit consent. By participating, I acknowledge this practice.

- I am happy for images that include my face to be used in PLTS promotional materials.
- I prefer that images used do not include my face.

Declaration

I confirm that the information provided in this form is accurate and complete to the best of my knowledge, and that I have read and understood this waiver and sign it freely and voluntarily.

Signature _____ Date _____

Printed Name: _____