

PARKSIDE PILATES with LAURIE SITTERDING
RELEASE AGREEMENT AND WAIVER OF LIABILITY

By signing the below, I agree and understand that this exercise and condition program, like any physical activity or exercise program, presents some unavoidable risk of injury, especially to people who may have pre-existing injuries, illness, or medical disabilities. I further agree and understand that the use of any exercise equipment also carries a risk of injury. I agree and understand that I will be instructed as to the proper use of any such exercise equipment, but that any injuries that may result from this exercise program or any use of exercise equipment are sustained at my own risk. Therefore, I agree and understand that I have been advised to consult with a medical practitioner prior to beginning any exercise program, including this one, and that in undergoing such exercise, I assume any and all risks associated with it.

I further agree and understand that PARKSIDE PILATES with LAURIE SITTERDING and LAURIE SITTERDING (henceforth PARKSIDE), including its instructors, employees, contractors, owners, agents, directors, successors, and assigns, will bear no liability for any and all injuries that may be sustained during participation in this exercise program. I agree to keep PARKSIDE informed of any physical condition or disability which may limit or prevent my participation in an exercise program. I acknowledge that employees and contractors of PARKSIDE, including its instructors, employees, contractors, owners, agents, directors, successors, and assigns, are not medical doctors nor are they engaged in the practice of treating or diagnosing medical injuries, diseases, or deficiencies. Accordingly, I expressly assume all risk of my participation in the exercise program conducted by PARKSIDE and expressly waive any claims I may bring against PARKSIDE, its instructors, employees, owners, agents, contractors, officers, directors, or trainees, as a result of any injuries related to my participation in this exercise program.

I further agree that in consideration of the above waiver, I will be allowed to participate in and will receive specialized instruction in Pilates and other related exercise practices. I acknowledge that in signing this waiver, I demonstrate my informed consent to participate in an exercise program.

I acknowledge that I have reviewed the above, understand it, and have signed of my own accord.

Printed Name

Signature

Date

Parent/Guardian Signature (if client under 18)

Instructor Signature

Emergency Contact Name

Emergency Contact Phone