

For Office Use Only	Date:	Signed:
---------------------	-------	---------

Liability Waiver Form

I, the undersigned, agree to follow the safety instructions of my instructor and acknowledge that it is my obligation to take responsibilities for my health and well being during any exercises that I voluntarily undertake. I understand that it is my responsibility to consult with my healthcare provider prior to and regarding my participation in the Pilates sessions. I agree to inform my instructor immediately should any pain or concerns arise during my Pilates session.

I acknowledge that there is a risk of injury in participating in any type of physical activity or exercise such as Pilates. I agree not to hold my instructor and _with_azmah Pilates Studio liable for any injuries that may arise from attending the Pilates sessions.

By signing below, I agree I have read the form correctly and provided and answered all the questions accurately to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Contact Number: _____

Address: _____

(If participant is below 18 years of age)

As legal guardian of the participant, I consent to the above terms and conditions.

Signature: _____ Date: _____

Parent/Guardian Name: _____

Contact Number: _____