



Liability Release

I, _____, hereby agree to the following:

I am participating in physical activity at Root Pilates voluntary and entirely at my own risk. I understand that physical exercise, including Pilates, can be strenuous and subject to risk of injury and I am fully aware of the risks and hazards involved in such activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the activities at Root Pilates, and that by signing this form I'm stating that Root Pilates encouraged me to obtain a physical exam prior to beginning any exercise or training program. I have and will continue to keep Root Pilates and my instructor fully informed of any medical or physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program.

In consideration of being permitted to participate in activities at Root Pilates, **I agree to assume full responsibility for any risks, injuries or damage, know or unknown, which I might incur as a result of participation in these activities or as a result of negligence.** In further consideration of being permitted to participate in these activities, **I knowingly, voluntarily and expressly waive any claim I may have against Root Pilates for injury or damages that I may sustain as a result of participating in these activities.** This includes, without limitation:

- (a) My use of all amenities and equipment in the facility and any off-site location and my participation in any activity, class, program, personal training or instructions;
- (b) The sudden and unforeseen malfunctioning of any equipment;
- (c) Root Pilates instruction, training, supervision or dietary recommendations.

I, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Root Pilates, its owner and its agents for any injury or death caused by any negligent act or omission.

I have carefully read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Client Signature

Date

Client Name (Printed)