

PILATES SOUTH BAY WAIVER

First Name _____ Last Name _____

Phone _____ Birth Date: _____

Email _____ EMERGENCY PHONE: _____

Address _____ City _____ State ____ Zip _____

Please list ANY and ALL **medical conditions/injuries** that the Pilates South Bay team should know about:

Please check this box and agree that:

You will be charged \$10 if you do not show up or if you cancel your class within 12 hours. In the event of an emergency or illness, please mark yourself absent then email us at pilatesredondobeach@gmail.com

Please initial here _____ to agree that you understand that ALL auto pay memberships require 15 day advanced notice of cancellation/change.

- Would you like text, email or both for scheduling notifications? _____
- Are you pregnant? Yes No--> If yes, how far along? _____
- How did you hear about us? Walkby, Web Deal, Friend
- Who can we thank for sending you? Walkby, Web Deal, Class Pass, Friend/Doc? _____

RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **Pilates South Bay** program related events and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
2. I am aware of audio/video recorded security on premises at all times.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the owner immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Pilates South Bay, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

X _____

PARTICIPANT'S SIGNATURE

DATE