

PILATES SOUTH BAY RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration for being allowed to participate in any of the classes, events and activities offered by Pilates South Bay (the "Program"), the undersigned acknowledges and agrees as follows:

- I am aware that while following the rules and instructors may reduce risk, there are still risks associated from participating in this Program which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death.
- I understand that the Pilates Reformer equipment should not be used without supervision of an instructor and to use it without an instructor present can increase the risks listed above.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Pilates South Bay or others and assume full responsibility for my participation in the Program.
- On behalf of myself and my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Pilates South Bay, their officers, officials, agents and/or employees, and other participants, ("Releasees"), with respect to any and all 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 agree to indemnify Releasee against any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my participation in the Program.
- If I see that the equipment I am using is damaged or not operating properly, I will stop using it and alert the instructor immediately.

I have read this RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, fully understand its terms and that by signing I have given up substantial rights. I sign this document freely and voluntarily and without any inducement. No other representations concerning the legal effect of this document have been made to me.

PARTICIPANT'S PRINTED NAME

PARTICIPANT'S SIGNATURE

DATE

I am the parent or legal guardian of the Participant. I allow Participant to participate in this Program.

MINOR PARENT/GUARDIAN'S PRINTED NAME

MINOR PARENT/GUARDIAN'S SIGNATURE

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PILATES SOUTH BAY INFORMATION AND ACKNOWLEDGEMENT

First Name _____ Last Name _____

Phone _____ EMail address _____

Address _____

Emergency Phone _____ Birthday _____

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

Please list ANY medications that you are taking that the PSB team should know about:

Would you like text, email or both for scheduling notifications? _____

How did you hear about us? Walkby, Web Deal, Friend (give name _____)

Please initial here _____ to acknowledge the following:

- **You will be charged \$10 if you do not show up or if you cancel your group class within 12 hours (does not apply to Unlimited membership).**
- **You will forfeit your private session if you cancel within 12 hours.**
- **If you need to late cancel, please mark yourself absent online. If you have an emergency email us at pilatesredondobeach@gmail.com after you mark yourself absent.**
- **ALL auto pay memberships require a 15 day advanced notice of cancellation/change.**
- **There is audio/video recorded security on premises at all times.**

PARTICIPANT SIGNATURE

DATE

This document is 2 sided