

## Waiver and Release of Liability Agreement

**Studio Name:** Pilates at Studio 24

**Address:** 24 Carlisle Street, Mount Croix, Gqeberha, 6001

**Contact Information:** Jillian Green 071 479 2723

### Introduction:

In consideration of being allowed to participate in Pilates classes and activities offered by Pilates at Studio 24, I hereby agree to the following:

**1. Acknowledgment of Risk:**

I understand that participating in Pilates exercises involves certain inherent risks, including but not limited to physical injury. I acknowledge that I am voluntarily participating in these activities and assume all risks associated with my participation.

**2. Release of Liability:**

I hereby release and discharge Pilates at Studio 24, its owners, instructors, employees, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, damage, or loss that may occur as a result of my participation in Pilates classes or use of the studio facilities.

**3. Medical Declaration:**

I certify that I am in good physical condition and have consulted with a physician if necessary. I am fully responsible for monitoring my own physical condition during the activities.

**4. Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number:  
\_\_\_\_\_

**5. Confidentiality and Privacy:**

I understand that my personal information will be kept confidential and will not be shared without my consent.

**6. Legal Age and Understanding:**

I confirm that I am of legal age or have obtained the necessary consent from a parent/guardian to sign this waiver. I have read and fully understand the terms of this agreement.

**Participant's Full Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_