

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered at **ALOTAPILATES**. I have been advised and I understand that participation in Pilates Method exercises and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep **ALOTAPILATES** and my instructor fully informed of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither **ALOTAPILATES** or the instructors within are engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs of Pilates Method conditioning conducted by **ALOTAPILATES** and waive any claim which I might otherwise bring against **ALOTAPILATES** (Harmony in Fitness, Inc.; Jenny Jennings, CAC Studios, LLC; Caryn Coopmans; Studio puh-LAH-tees, Inc., Tia Fink or any other instructor at **ALOTAPILATES**) as a result of injuries resulting from or relating to my participation in Pilates Method conditioning programs.

ALOTAPILATES shall not be responsible or liable for any articles lost, stolen, or damaged, in or about the studio.

I understand that mat and semi-private lessons require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

In case of teacher illness or emergency we will attempt to substitute your instructor. We will try to notify you immediately.

SIGNATURE (Parent/Guardian if under 18)

DATE