



OPTIMUM PILATES

Release and Liability Waiver

The Participant is aware that participation in a sport or physical exercise may result in accident or injury, and Participant assumes the risk connected with the participation in a sport or exercise and represents that Participant is in good health and suffers from no physical impairment which would limit their use of Optimum Pilates's facilities. Participant acknowledges that Optimum Pilates has not and will not render any medical services including medical diagnosis of Participant's physical condition. Participant specifically agrees that Optimum Pilates, its officers, employees, and agents, shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to Participant's use of the facilities or participation in any sport, exercise or activity within or without the club premises, and Participant agrees to hold Optimum Pilates harmless from same.

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

Signed _____ Date _____

First Name _____ Last Name _____

Address _____

City/State _____ Zip _____

Phone (H) _____ Phone (W) _____

Phone (C) _____ Birthday _____

Email _____

Referred by _____