



Waiver of Liability and Information Consent Release

I, _____ understand that I am enrolling in a program of instruction in the Pilates Method of physical conditioning offered by Amy Rost of ARC Pilates. I have been advised and understand that the participation in the Pilates Method of exercise, like any physical conditioning activity or exercise program, includes some unavoidable risk of injury, particularly for those who have pre-existing injuries, illnesses or medical conditions. I understand that the use of exercise equipment also carries with it a risk of injury and is, in no part, the fault of Amy Rost or ARC Pilates.

I, _____ acknowledge that changes may occur as a result of exercise sessions, include but are not limited to, short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I, _____ also accept that a medical evaluation is advisable before commencing any exercise program. I agree to inform ARC Pilates of any changes to my physical condition that would prevent or limit my participation in any exercise or physical conditioning program. I understand that neither Amy Rost or ARC Pilates are engaged in the diagnosis or treatment of medical disease or deficiencies. In the event that I become infected with a transmittable disease, infection or virus, I will directly inform Amy Rost of ARC Pilates to ensure the health and safety of staff and clients can be maintained. In addition, to ensure that ARC Pilates can take proper measures to avoid further risks and exposures.

I, _____ specifically assume all risks of my participation in the physical conditioning programs conducted at ARC Pilates and I hereby waive any claim that I might otherwise bring against Amy Rost and ARC Pilates for injuries resulting from, or related to, my participation in any ARC Pilates conditioning programs.

By signing this legal document, you give up certain legal rights, including the right to pursue legal action against Amy Rost and ARC Pilates.

I have read, understood and agree to the information contained above.

NAME (PLEASE PRINT): _____

SIGNATURE: SIGNATURE: _____

DATE (DD/MM/YY): _____

ADDRESS: _____

WITNESS NAME AND SIGNATURE: _____