

STUDIO 3 PILATES – LIABILITY WAIVER & RELEASE FORM

Participant Information

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

ACKNOWLEDGMENT OF RISKS

I understand that participation in Pilates, including but not limited to the use of reformers and other equipment at Studio 3 LLC and Studio 3 Pilates, involves physical activity that may carry inherent risks. These risks may include, but are not limited to, muscle strain, injury, or aggravation of existing conditions. I affirm that I am physically able to participate in Pilates classes and have consulted a physician if I have any health concerns.

PREGNANCY CLAUSE

If I am pregnant or become pregnant, I will consult my physician before continuing classes and notify Studio 3 instructors as needed.

VOLUNTARY PARTICIPATION

I acknowledge that I am voluntarily participating in classes, workshops, private sessions, or any other activities offered by Studio 3 Pilates. I understand my participation is at my own risk.

ASSUMPTION OF RISK & RELEASE OF LIABILITY

In consideration of being permitted to participate in Studio 3 Pilates activities, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless Studio 3 Pilates, its owners, instructors, employees, contractors, and agents from any and all claims, liabilities, or demands arising from injury, illness, or damages I may sustain during or as a result of my participation.

As between each of the Releasees and Studio 3 LLC, I will be solely responsible for any and all medical and related bills that I may incur because of any injury, as well as costs related to loss or damage to my property, that I may sustain as a result of my participation in the Event, including those sustained on the premises where the Event is conducted and while I am traveling to and from such premises, regardless of the location or mode of transportation.

USE OF EQUIPMENT

I agree to use all equipment properly and follow all instructor guidance. I understand that improper use may increase the risk of injury.

PERSONAL BELONGINGS

I understand that Studio 3 LLC and Studio 3 Pilates is not responsible for the loss, theft, or damage of personal belongings while on studio premises. I agree to take full responsibility for my items and acknowledge that it is my choice to bring valuables into the studio.

CANCELLATION & PAYMENT POLICIES

I acknowledge that I have read and understand the studio's cancellation and payment policies, available on the website and/or app. I understand I may be charged for missed classes if not canceled within the 12 hour timeframe.

DURATION OF WAIVER

This waiver shall remain in effect for all future participation unless revoked in writing.

EMERGENCY CONTACT

Name: _____

Phone: _____

Relationship: _____

SIGNATURE

I have read and understand this agreement. I am signing it freely and voluntarily.

Signature: _____

Date: _____