

STHIEL PILATES & MOVEment Center

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in Pilates, AntiGravity, Fascial Fitness, Yoga, and Fitness Classes, Programs or Workshops offered by **STHIEL PILATES**. I recognize these classes and programs require physical exertion that may be strenuous and may cause physical injury, and I am aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in all classes, programs, or workshops. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in Pilates, AntiGravity, Fascial Fitness, Yoga, and Fitness Classes, Programs or Workshops.
3. In consideration of being permitted to participate in Pilates, AntiGravity, Fascial Fitness, Yoga, and Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the programs.
4. In consideration of being permitted to participate in Pilates, AntiGravity, Fascial Fitness, Yoga, and Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against **STHIEL PILATES**, and/ or Stephanie Tirdel, for any injury or damages that I may sustain as a result of participating in the programs.
5. I, my heirs, assigns, and legal representatives forever release waive, discharge and covenant not to sue, **STHIEL PILATES**, and/or Stephanie Tirdel for any injury or death caused by negligence, or other acts of the same.
6. The laws of the Commonwealth of Pennsylvania shall apply to this release. If any of its provisions are declared illegal, unenforceable, or ineffective, such provision shall be deemed severable and all other provisions shall remain valid and binding.

Date: _____ Participant: _____

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Date: _____

Signature of Parent/Guardian: _____

Witnessed by: _____