



PURE PASSION
PILATES

Liability Waiver

Pure Passion Pilates, LLC

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, health program, or workshop offered by Pure Passion Pilates LLC. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. **(Initial _____)**
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with Pure Passion Pilates LLC. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program, or workshop. **(Initial _____)**
3. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of participating in the program. **(Initial _____)**
4. I knowingly, voluntarily, and expressly waive any claim that I may have against the Pure Passion Pilates instructors or Pure Passion Pilates LLC for injuries or damages that I may sustain as a result of my participation. **(Initial _____)**
5. Heirs, my legal representatives, and I forever release and waive any liabilities against Pure Passion Pilates LLC and its instructors for any injury or death incurred by my voluntary participation in this class, workshop, or activity. **(Initial _____)**

**I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS.
I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

Name (Print): _____

Signature: _____

Date: _____

If participant is under the age of 18:

As a legal guardian of _____ (name of minor), I consent to the above conditions.

Parent/Guardian _____ of _____ Participant _____ Name _____ (Print):

Signature _____ of _____ Parent/Guardian _____ of _____ Participant:

Date: _____