



WAIVER & RELEASE OF LIABILITY

I, _____, agree if I engage in any physical exercise, including Pilates, and stretching, I do so at my own risk. Physical exercise includes, but is not limited to, use of the studio, use of any and all equipment contained within the studio, participation in any exercise, activity, private lesson or group class instruction. I agree that I am voluntarily participating in these exercises and/or activities, as well as the use of the facilities, equipment and premises and that I will assume any and all risk of injury, illness, damage or loss to me or my property as a result thereof. This waiver and release of liability includes, but is not limited to, injuries which may occur as a result of: (1) using the equipment and/or facilities; (2) a malfunction or break of said equipment; (3) participating in any exercise, activity, private lesson or group class instruction; (4) negligent instruction; (5) negligence; or (6) slipping and falling while on the premises, the outside stairs, sidewalk(s) or other areas surrounding and/or comprising the premises.

I agree on behalf of myself and my personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Balanced Place and its employees, affiliates, contractors, agents, representatives, successors and assigns from any and all claims or causes of action, known and unknown arising at of its/their negligence.

I represent, warrant and agree that I am are in good physical condition and have no mental or physical disabilities, pre-existing medical conditions, impairments or ailments that will prevent me from engaging in any active or passive exercise or that could be detrimental to my health, safety, comfort or physical condition. I acknowledge that Balanced Place has not made claims as to medical results, suggested medical treatment and/or formulated a diagnosis of any kind with regard to my mental or physical condition.

I acknowledge that I have fully and carefully read this waiver and release of liability and that I understand its contents.

Signature: _____ *Date:* _____

Print Name: _____ *D.O.B:* _____

Address: _____

City, State, Zip: _____

Phone Number: _____