

# THANK YOU FOR YOUR INTEREST IN OUR CLASSES!!!

Please fill out the following:

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Phone number: \_\_\_\_\_

And, if you'd like to be part of our email list, your email: \_\_\_\_\_

## Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in these classes or workshops offered by Center Works Studio, Anne Marie Schultz, or any other instructors during which I will receive information and instruction about Pilates, **GY-ROTONIC®**, health, and related activities. I recognize that Pilates and all the above activities require physical exertion, which may be strenuous and may cause physical injury, and that I am fully 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 Center Works Studio Classes or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in these classes or workshops.
3. In consideration of being permitted to participate in Center Works Studio Classes or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. During any session, I also agree to cease exercising immediately if I experience unusual discomfort and pain and to let my instructor know.
4. In further consideration of being permitted to participate in Center Works Studio Classes or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Center Works Studio, the owner, or any instructors for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Center Works Studio, Eastsound, WA, or any other Instructors for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL SIGNATURE OF PARENT OR GUARDIAN REQUIRED IF PARTICIPANT IS A MINOR;** and by their signature, they on my behalf, release all claims that they and I might have.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you!!! Have a great class!**