

ESSEX PILATES, LLC

2 Nott Lane
Essex, CT 06426
860-767-5027

Essex Pilates, LLC - Client Information and Waiver Form

NAME: _____ DATE OF BIRTH: _____

HOW DID YOU HEAR ABOUT US?: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

WORK/CELL: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

CLASSES ATTENDING - LEVEL: _____ DAY: _____ TIME: _____

1. In consideration of being allowed to participate in the activities and programs lead and conducted by employees or LLC member/owners of Essex Pilates, LLC and to use equipment in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Essex Pilates, LLC from any and all responsibilities or liability from use of equipment in the above mentioned activities. I do also hereby release all of those mentioned from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or in any way arising out of or connected with my participation in any activities of exercise.
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairments, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment that I might have his recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's approval to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
4. I have read, understand, and agree to the Policies for Group and Private Classes at Essex Pilates.

Signature

Date