



INFORMED CONSENT & WAIVER

I, _____, do hereby consent to participate in an exercise program that will include one or more of the following; Pilates, strength and stretch exercises, cardiovascular exercises, or weight training.

I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and in rare instances, heart attack or death. Every effort will be made to minimize these risks.

Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential information and will not be released or revealed to any person other than my physician without my expressed written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the said program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the exercise program (The Pilates Corner) I will discuss these questions with my trainer immediately.

In addition, I agree to the following:

- a) Assume all risk of injury and all risk of damage to or loss of property arising out of my participation in this program.
- b) Release, discharge, and waive any and all responsibility of The Pilates Corner and Robin or Dan Manzanares from and against any liability of injury, including death, and for damage to or loss of property, which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program; and
- c) Indemnify and hold harmless The Pilates Corner and or Robin Manzanares against all liability, claims, demands, actions, loss, or damage arising out of my participation in said exercise program.

Participant Name (print): _____

Participant Signature: _____

Date: _____