

Liability Release

\_\_\_\_\_ I understand Pilates instructors do not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations. Pilates exercises are not substitutes for medical examination or diagnosis and that I see a medical practitioner for any physical ailment that I may have.

\_\_\_\_\_ I understand that services offered at The Pilates Nook are not a substitute for medical care and that any information provided by the practitioner is for educational purposes only, and is not diagnostically prescriptive in nature.

\_\_\_\_\_ I have stated all of my known medical conditions on the client information form. I have consulted a medical doctor or licensed medical health care practitioner regarding these conditions.

\_\_\_\_\_ I realize it is solely my responsibility to keep The Pilates Nook staff update on any changes in my physical health and I understand that The Pilates Nook exercise instructors shall not be liable should I fail to do so.

\_\_\_\_\_ When participating in Pilates exercises the possibility exists for certain unusual changes. They include, but are not limited to: muscle soreness or stiffness, abnormal blood pressure, and/or fainting. Every effort will be made to minimize these by observations during situations that may arise. As is the case with any physical activity or body work, the risk of injury is always present and cannot be entirely eliminated.

\_\_\_\_\_ I agree to actively participate, as much as possible, in my own health and health maintenance. If I experience any pain or discomfort, I will listen to my body, adjust the posture, inform and/or ask for support from the instructor.

\_\_\_\_\_ By signing this release, I hereby waive and release The Pilates Nook instructors and staff from any and all liability, past present and future relation to activities and services offered at the studio.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minors Only: The undersigned is a parent or legal guardian of \_\_\_\_\_ (client herein), and on his/her behalf, hereby agrees to all the conditions set forth above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_