

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, health program or workshop offered by Calysta Westlake. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, and 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 this class or future sessions. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program or workshop.

3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the program.

4. I knowingly, voluntarily and expressly waive any claim that I may have against the instructor for injuries or damages that I may sustain as a result of my participation.

5. Heirs, my legal representatives and I forever release and waive any liabilities against Calysta Westlake for any injury incurred by my voluntary participation in this class, workshop or activity.

6. I understand that I am unable to teach the exercises learned in Pilates sessions. It is required for me to earn a proper certification in order to instruct other individuals.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Participant Name: _____

Signature of Participant: _____

Date: _____

If participant is under the age of 18, as legal guardian of:

Name of Minor_____

I consent to the above conditions.

Signature of Parent/Guardian of Participant:_____