

**Four Graces & Xtend Barre Studio
Health and Liability**

Name _____ **Email** _____

Address _____ **Home Phone** _____

_____ **Cell Phone** _____

_____ **Birthdate** _____

Emergency Contact _____ **Spouse** _____

Experience with Pilates mat _____ **equipment** _____

Experience with Xtend Barre _____ **or barre methods?** _____

Goals ? Please tell us about you personal fitness goals _____

Injuries? Please list injuries past and present _____

Four Graces and Xtend Barre wants this to be the best hour of your day! We strive to maintain a clean environment void of distractions to allow you to concentrate on YOU!

I, _____ agree to the following:

1. That I am participating in the pilates classes, health programs, or workshops offered by Four Graces Pilates Studio, LLC during which I will receive information and instruction about pilates and health. I recognize that pilates requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risk and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the pilates classes, health programs, or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the pilates classes, health programs, or workshops.
3. In consideration of being permitted to participate in the pilates classes, health programs, or workshops, I agree to assume full responsibility for any risk, injuries, or damages, known or unknown, which I might incur as a result of participation in the programs.

4. In further consideration of being permitted to participate in the pilates classes, health programs, or workshops, I knowingly voluntarily and expressly waive any claim I have against Four Graces Pilates Studio, LLC for injuries or damages that I may sustain as a result of participating in the programs.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Four Graces Pilates Studio, LLC for any injury or death caused by their negligence or other acts.
6. I will not hold responsible/sue Four Graces Pilates Studio, LLC your partners, instructors or employees for any injuries suffered by me caused whole or in part by my failure to follow the instructions of you or your employees or by any physical impairment of mine not fully disclosed to you in writing.
7. The tuition paid here and such registration fees paid hereafter are non-refundable; such refunds, if any, as are made shall be entirely within the discretion of Four Graces Pilates Studio, LLC.

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

SIGNATURE _____ **DATE** _____

PARENT OR GUARDIAN (if applicable) _____