

PILATES



New Student Information

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Have you ever taken a Pilates Class before? _____

Please list any health issues or recent injuries: _____

Agreement and Release of Liability

Please Note that this Release/ Waiver Form covers liability for

Pilates Instructors and Stanley Park in Westfield, Massachusetts

I the undersigned, hereby expressly and affirmatively state that I wish to participate in the Stanley Park exercise class. I realize that my participation in this activity involves risks of injury, including but not limited to muscle strain, joint sprains, broken bones, slips, trips, falls, heart attack, stroke, and even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list every possible injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death is a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury, and even the risk of death, which could occur by reason of my participation. I subjectively understand the risk of my participation in this activity and knowing and appreciating these risks voluntarily choose to participate, assuming all risks of injury or even death due to my participation. I do hereby waive, release, and forever discharge all employees, representatives, and all others from all responsibilities or liability for injuries or damages resulting from my participation in this activity.

Signature: _____ Date: _____

(Participant)

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