



Agreement of Release and Waiver

I, _____, am participating in Pilates, Physical Therapy, Massage and/or other methods of movement and body work offered by Ergo Body, including but not limited to, body conditioning machinery used during the workouts offered by Ergo Body. I affirm that I am in good physical condition and do not suffer from any disability that would contribute to injury. Furthermore, I understand and agree with the following:

1. I understand that I am participating in Pilates, Physical Therapy, Massage and/or other methods of movement and bodywork during which I will receive information and instruction about Pilates, Physical Therapy, Massage and/or other methods of movement and bodywork. I recognized this involves physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Pilates, Physical Therapy, Massage and/or other methods of movement and bodywork. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in Pilates, Physical Therapy, Massage and/or other methods of movement and bodywork sessions.
3. In consideration of being permitted to participate in Pilates, Physical Therapy, Massage and/or other methods of movement and bodywork sessions offered by Ergo Body, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, that I may incur as a result of participating in these sessions. I knowingly, voluntarily, and expressly waive any claim I may have against Ergo Body for injury or damages that I may sustain as a result of participating in the sessions.
4. I, my heirs, legal representatives forever release, or I waive, discharge, and covenant not to sue Ergo Body and its officers, teachers and agents for any injury caused by their negligence or other acts.
5. I give consent for Ergo Body to use photographs and videos in the course of my Pilates and/or Physical Therapy program. These photographs and videos will not be used outside of Ergo Body without my additional consent.

I have carefully read this Release and Waiver and fully understand and voluntarily agree to the above.

Signature: _____ Date: _____

If participant is under the age of 18: As legal guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Guardian: _____ Date: _____