



Gazelle Pilates, LLC
4343 Van Nuys Boulevard
Sherman Oaks, CA 91403

Agreement of Release & Waiver of Liability

1. I will receive information and instruction while participating in the class, health program or workshop offered by Gazelle Pilates, LLC. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, 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 any other activity associated with Gazelle Pilates, LLC. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, workshop or activity.
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 class, workshop or activity.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Gazelle Pilates, LLC 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 Gazelle Pilates, LLC and its instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity.

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.

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SIGNATURE OF PARTICIPANT

DATE

If participant is under the age of 18, full name of minor: _____

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SIGNATURE OF PARENT/GUARDIAN

DATE