



Group Fitness Waiver

PARTICIPANT (PLEASE COMPLETE THE FORM BELOW):

First Name: _____ Last Name: _____

Preferred Phone: _____ Email: _____

Emergency contact (name/relationship/phone): _____

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY:

I understand that I will be participating in a fitness program through Perk! Pilates Fitness that will require physical exertion. I neither have physical limitations, nor am I taking any medications or receiving any medical treatment that might make it unsafe for me to participate in the fitness program. I understand that, by signing this statement, I am agreeing to not hold Perk! Pilates Fitness, LLC or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through Perk! Pilates Fitness, LLC whether at Perk! Pilates Fitness, at home, or elsewhere. As such, I understand and agree that Perk! Pilates Fitness, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Perk! Pilates Fitness.

Participant's Signature: _____ Date: _____