



phi pilates studio
WAIVER OF LIABILITY

(Please Print)

PERSONAL INFORMATION			
Name:		Date of Birth:	
Street Address:		P.O. Box No./Apt./Floor:	
City:		State:	ZIP Code:
Home Phone No.: ()	Cell Phone No.: ()	Employer Phone No.: ()	
Emergency Contact (name, relationship, and contact number):			
Email Address:			
How did you hear about our PHI Pilates Studio?			

Acknowledgement of Risk and Waiver of Liability

I understand that I, (Print Name) _____, will be participating in a fitness program through PHI® Pilates Studio that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting, and/or discomfort in breathing, I recognize that there is risk of serious injury (and in extreme cases death) associated with any fitness program. Consequently, I was advised by a member of the fitness staff at PHI® Pilates Studio to obtain the approval of my doctor before beginning a fitness program through PHI® Pilates Studio, and have had the opportunity to do so. Before beginning this program, I also was asked by a member of the fitness staff at PHI® Pilates Studio whether I have any physical or mental limitations or whether I am taking any medications or receiving any medical treatment, that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those that I have written in the space provided below on this sheet.

I understand that, by signing this statement, I am agreeing not to hold PHI® Pilates Studio 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 PHI® Pilates Studio, whether at the PHI® Pilates Studio, at home, or elsewhere. As such, I understand and agree that PHI® Pilates Studio, its employees, 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 PHI® Pilates Studio.

Signature (Participant or Guardian):	Date:
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I authorize ____ TEXT* ____ EMAIL ____ TEXT* & EMAIL reminders of appointments and classes which I have scheduled.
*Message and Data rates may apply.

NOTE: Private sessions require 24 hour cancellation to allow instructors time to fill the time slot. If notification is not received in time, your account will be charged.

Initial here: