

## Registration & Waiver

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email Address:\_\_\_\_\_

What types of movement have you experienced? \_\_\_\_\_ Yoga \_\_\_\_\_ Dance \_\_\_\_\_ Ballet  
\_\_\_\_\_ Fitness \_\_\_\_\_ Other

### **THE STUDIO PILATES & BARREAMPED ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

I understand that I, \_\_\_\_\_[Print Name], will be participating in a fitness program through The Studio Pilates & BarreAmped 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 a 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 The Studio Pilates & BarreAmped to obtain the approval of my doctor before beginning a fitness program through The Studio Pilates & BarreAmped, and have had the opportunity to do so. Before beginning this program, I also was asked by a member of the fitness staff at The Studio Pilates & BarreAmped 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 on the attached sheet.

I understand that, by signing this statement, I am agreeing not to hold The Studio Pilates & BarreAmped 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 The Studio Pilates & BarreAmped whether at The Studio Pilates & BarreAmped, at home or elsewhere. As such, I understand and agree that The Studio Pilates & BarreAmped, 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 The Studio Pilates & BarreAmped.

**COVID-19 WAIVER:** I acknowledge that, even if recommended and prudent practices and precautions are utilized to mitigate the risk of COVID-19 infection, there remains an inherent risk of infection which cannot be fully mitigated. Accordingly, I understand and agree that The Studio Pilates & BarreAmped, its employees, owners, agents or insurers shall not be liable for and I voluntarily waive any bodily injury or illness claims that may result either directly or indirectly from my participation in a fitness program through The Studio Pilates & BarreAmped. I hereby acknowledge the inherent risk of infection associated with my participation in a group exercise class, and by entering The Studio agree to knowingly and voluntarily assume that risk.

The Studio Pilates & BarreAmped - Judy Napoleone, owner

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date