

## CORE PILATES WAIVER AND RELEASE OF LIABILITY

Studio Name: CORE Pilates

Address: 119 Franklin Ave, Nutley, NJ 07110

Phone: 973 544-1119

Email: corepilatesnutley@gmail.com

### 1. Assumption of Risk

I acknowledge that participating in Pilates classes, private sessions, and any other activities at CORE Pilates involves inherent risks, including but not limited to muscle strains, joint injuries, falls, and other physical injuries. I voluntarily assume all risks associated with participation.

### 2. Health Declaration

I confirm that I am in good health and have no medical condition that would prevent me from safely participating in Pilates. I understand that it is my responsibility to consult a physician before beginning any new exercise program. If I have any injuries, illnesses, or conditions (e.g., pregnancy, recent surgery, heart conditions), I will inform the instructor before participating.

### 3. Release of Liability

I hereby release, waive, and discharge CORE Pilates, its owners, instructors, employees, and affiliates from any and all liability, claims, demands, or causes of action related to any injury, illness, or damages sustained during my participation in classes, private sessions, or studio activities.

### 4. Personal Responsibility

I understand that I am responsible for my own safety and well-being. I agree to follow all instructions provided by CORE Pilates instructors and staff and to use equipment safely and as instructed. I acknowledge that improper use of equipment or failure to follow instructions may result in injury.

### 5. Cancellation & Refund Policy

I understand and agree to the studio's cancellation and refund policies, including policies for class packages, memberships, and missed sessions.

### 6. Photo & Video Release

I grant Core Pilates permission to use photos or videos taken during classes for promotional purposes. I understand that I can opt out by notifying the studio in writing.

7. Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

8. Agreement & Signature

I have read and fully understand this waiver. By signing below, I acknowledge that I voluntarily agree to the terms and conditions stated above.

Participant Name (Print) \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_