

PILATES STUDIO MINOR PARTICIPATION AGREEMENT & GUARDIAN WAIVER

CORE PILATES

119 Franklin ave , Nutley NJ 07110

973 544-1119

corepilatesnutley@gmail.com

PARTICIPANT INFORMATION (MINOR)

- Full Name: _____
- Date of Birth: _____
- Age: _____

PARENT/GUARDIAN INFORMATION

- Name: _____
- Relationship to Minor: _____
- Phone Number: _____
- Email: _____

AGREEMENT & WAIVER

I, the undersigned, as the parent/legal guardian of the above-named minor, hereby:

1. Consent to Participation

Grant permission for my child to participate in Pilates classes, sessions, and activities offered by Core Pilates.

2. Acknowledge Physical Risk

Understand that Pilates is a physical activity that involves movement and exercise and may carry a risk of injury, even when done properly. I agree that my child is in good physical health and has no condition that would prevent safe participation.

3. Medical Authorization

Authorize the staff of CORE Pilates to seek emergency medical care for my child if necessary and I cannot be reached in a timely manner.

4. Release of Liability

Release and hold harmless Core Pilates its owners, instructors, staff, and affiliates from any and all liability, claims, or causes of action that may arise from my child's participation, including but not limited to personal injury, property damage, or medical expenses.

5. Photo/Media Release

☐ I give permission for Core Pilates to use photos or video of my child taken during class for promotional purposes.

☐ I do not give permission.

SIGNATURE

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____