



Gazelle Pilates, LLC
4351 Van Nuys Boulevard
Sherman Oaks, CA 91403

Agreement of Release & Waiver of Liability

1. I will receive information and instruction while participating in the class, health program or workshop offered by Gazelle Pilates, LLC. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with Gazelle Pilates, LLC. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, workshop or activity.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the class, workshop or activity.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Gazelle Pilates, LLC for injuries or damages that I may sustain as a result of my participation except in the case of negligence by Gazelle Pilates, LLC and its employees.
5. Heirs, my legal representatives and I forever release and waive any liabilities against Gazelle Pilates, LLC and its instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity except in the case of negligence by Gazelle Pilates, LLC and its employees.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

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SIGNATURE OF PARTICIPANT

DATE

If participant is under the age of 18, full name of minor: _____

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SIGNATURE OF PARENT/GUARDIAN

DATE