

Waiver of Liability and Prospective Release Form
for
Bayshore Pilates, 5609 Interbay Blvd, Tampa FL 33611

I _____ hereby agree to the following: That I am participating in physical activity at Bayshore Pilates which may include, but is not limited to Pilates. I recognize that any physical activity may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved in such activity. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes. If I have any existing medical condition, I have been cleared by my doctor to participate in activities at Bayshore Pilates and explained the details on the Bayshore Client Information Form and in person.

In consideration of being permitted to participate in these classes, I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participation in these activities or as a result of negligence. In further consideration of being permitted to participate in these classes, I knowingly, voluntarily and expressly waive any claim I may have against Bayshore Pilates for injury or damages that I may sustain as a result of participating in these activities. I, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Bayshore Pilates studio, the Bayshore Pilates owner and its agents for any injury or death caused by any negligent act or omission. I have read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____

Date: _____