

CENTERWORK PILATES
130 PONDFIELD ROAD
BRONXVILLE, NEW YORK 10708

NAME: _____ DATE: _____

EMAIL: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

INJURIES/MEDICAL CONDITION: _____

DO YOU EXERCISE REGULARLY? YES _____ NO _____

HOW DID YOU HEAR ABOUT CENTERWORK PILATES? _____

WHAT ARE YOUR HEALTH AND FITNESS GOALS?

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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I will receive information and instruction while participating in class or workshop offered by Centerwork Pilates. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.

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 Centerwork Pilates. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in class or workshops.

I agree to assume responsibility for any risk, injuries or damages, known or unknown, which I may incur as a result of participating in the program.

I knowingly, voluntarily and expressly waive any claim that I may have against Centerwork Pilates Instructors or Centerwork Pilates LLC for injuries or damages that I may sustain as a result of my participation.

My legal representatives and I forever release and waive any liabilities against Centerwork Pilates and its Instructors for any injury or death incurred by my voluntary participation in this class or workshop.

**I HAVE READ THE ABOVE POLICIES AND FULLY UNDERSTAND THE CONTENT. I
VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED IN THIS DOCUMENT.**

PRINT NAME: _____

SIGNATURE: _____

DATE: _____ / _____ / _____