



If you have any kind of pre-existing injuries or conditions that may affect or limit your ability to exercise or to participate in Pilates, we ask that you let us know and that you consult a health care practitioner to approve your participation.

Do you have any injuries or physical conditions that limit your ability to exercise? **Y / N**

Do you suffer from any of the following conditions? If yes, please note and explain to the right of the condition:

- Lower back pain
- Knee pain
- Shoulder pain
- Scoliosis
- Joint replacement
- Sciatica
- Asthma
- Migraine/chronic headaches
- Chronic illness
- High/low blood pressure
- Other (please specify): \_\_\_\_\_

Are you interested in finding out more about...?

- Pilates teacher training/certification
- Kettlebell Training
- Kids Pilates/Teen Pilates
- Pre- or Post-natal Pilates
- Workshops on nutrition/wellness
- Other \_\_\_\_\_

### **STUDIO LOTUS CLIENT WAIVER & RELEASE**

**WAIVER & RELEASE:** In consideration of the acceptance of Individual's participation in a Training Program (the "Program"), **Individual hereby; knowingly and voluntarily waives any liability and agrees to hold harmless from any claim and liability arising out of my participation in the Program;** Kimber Wellness, LLC., Power Pilates, Inc., DRCO, LLC d/b/a Studio Lotus, or Studio Lotus at Atlanta Ballet, LLC., and their employees, officers, directors, shareholders, successors, and assigns Furthermore, I have been given the rules and regulations of the Program, and as an Individual, Individual hereby agrees to hold harmless Power Pilates, Inc. or DRCO, LLC d/b/a Studio Lotus, or Studio Lotus at Atlanta Ballet, LLC and all other persons and entities, including but not limited to any facility owner/operator utilized during the Program and all sponsors, individuals, third parties, clients, teachers, trainers, Certified PPI Instructors, Senior Instructors, Teacher Trainers, Teacher Trainer Trainees, Instructor Trainees and the like involved in or otherwise connected with the Program (collectively, the "Releasees") for any damages, physical, personal or property, which may arise from my participation in the Program

Because physical exercise can be strenuous and subject to risk of serious injury, Power Pilates, Inc. or DRCO, LLC d/b/a Studio Lotus, or Studio Lotus at Atlanta Ballet, LLC **urges you to obtain a physical examination from a doctor before participating in the Program** or participating in any exercise activity. Individual agrees that by participating in physical exercise or training activities, you do so entirely at your own risk. Individual agrees that Individual is **voluntarily participating in the Program** and these activities and use of facilities and premises and assumes all risks of injury, illness, or death. The Releasees are also not responsible for any damage to or loss of your personal property and is in no way responsible for the safekeeping of my personal belongings while I am in the studio. **Individual acknowledges that Individual has carefully read this "Waiver & Release" and fully understands that it is a complete release of liability.** Individual expressly agrees to release and discharge the Releasees from any and all claims or causes of action and Individual agrees to voluntarily give up or waive any right that Individual may otherwise have to bring a legal action against any of the foregoing for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release also covers and includes negligence and any legal theory based upon negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid and/or unenforceable, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, Individual acknowledges that Individual understands its content and that this release cannot be modified orally.

If under 18 years of age: As legal guardian of \_\_\_\_\_, I consent to the above condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

[PLEASE PRINT]