



Liability Waiver **LuzLife Private Pilates Studio Inc.**

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, health program, or workshop offered by LuzLife Inc. 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. (Initial _____)
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 LuzLife Inc. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program, or workshop. (Initial _____)
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 program. (Initial _____)
4. I knowingly, voluntarily, and expressly waive any claim that I may have against the LuzLife Inc. instructor or LuzLife Inc. for injuries or damages that I may sustain as a result of my participation. (Initial _____)
5. Heirs, my legal representatives, and I forever release and waive any liabilities against LuzLife Inc. and its instructor for any injury or death incurred by my voluntary participation in this class, workshop, or activity. (Initial _____)

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.

Name (Print): _____

Signature: _____

Date: _____

If participant is under the age of 18:

As a legal guardian of _____ (name of minor), I consent to the above.

Parent/Guardian of Participant Name (Print):

Signature of Parent/Guardian of Participant:

Date: _____

LUZLIFE, PRIVATE CLASSICAL PILATES STUDIO 540-855-1194

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