



**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Pilates Classes, Pilates Sessions, CoreAlign Sessions, Orbit Sessions, Barre Classes, Health Program (indoor or outdoor), Fundraisers, or Workshops offered by Tilcia Studios, on premise or at a location off premise, during which I will receive information and instruction about Pilates and health. I recognize that Pilates requires physical exertion that may be strenuous and may cause physical injury, and 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 the Pilates Classes, Pilates Sessions, CoreAlign Sessions, Orbit Sessions, Barre Classes, Health Program or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Pilates Classes, Pilates Sessions, CoreAlign Sessions, Orbit Sessions, Barre Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Pilates Classes, Pilates Sessions, CoreAlign Sessions, Orbit Sessions, Barre Classes, Health Program or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Pilates Classes, Pilates Sessions, CoreAlign Sessions, Orbit Sessions, Barre Classes, Health Program or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Tilcia Studios for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Tilcia Studios for any injury or death caused by their negligence or other acts.

I have read the above release and waive of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

If participant is under 18: AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/ GUARDIAN OF PARTICIPANT

WITNESSED BY: \_\_\_\_\_