



LIABILITY RELEASE FORM

In consideration of being allowed to participate in any way in the 416 Pilates program, related events and activities, the undersigned acknowledges, appreciated and agrees that:

WAIVER OF LIABILITY & ACKNOWLEDGEMENT OF UNDERSTANDING

Waiver: In consideration of permission to use, today and on all future dates the equipment, property, facilities, and services of 416 Pilates, LLC. I, on behalf of myself, my heirs, personal representatives, or assigns do hereby release, waive, discharge, and covenant not to sue, 416 Pilates LLC, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of 416 Pilates, LLC, or any of the aforementioned parties. This agreement applies to 1) Personal injury (including death) from accidents resulting from the following include, but not limited to organized activities, classes, observations, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of or theft of property.

Severability and Venue: The undersigning further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Illinois and that if any portion is held non-inclusive the balance of the contract shall remain in effect. Likewise, I agree that if legal action is brought. It must be brought in Illinois. This contract is governed by the State of Illinois.

Acknowledgement of Understanding: I fully understand this liability release form and its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Illinois.

Signature of Client

Date

If participant is under the age of 18 as legal guardian of:

Name of Minor: _____

I consent to the above conditions.

Signature of parent/Guardian of Minor: _____

“Witnessed by” Signature: _____

Date