

## ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I understand that I, \_\_\_\_\_(Print Name), will be participating in a fitness program through The Scoop on Pilates that will require physical exertion. Although, the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any fitness program.

Consequently, I understand that it is my responsibility to consult with a physician prior to my participation in a fitness program through The Scoop on Pilates, and have had the opportunity to do so, or I have decided to participate in a fitness program without seeking the approval of my doctor, and do hereby assume all responsibility for my participation and activities, and use of equipment in the fitness program.

Before beginning this program, I represent that I am physically fit and I have no medical condition which would prevent my full participation in any such fitness program. I recognize that the possibility of certain changes during exercise do exist. They include, but are not limited to: abnormal blood pressure, fainting, disorders of heartbeat, and in some instances heart problems. I hereby acknowledge and assume any and all of these risks. If I feel weak, dizzy, have shortness of breath, or experience any other physical discomfort, I will immediately stop all physical activity and notify The Scoop on Pilates personnel and seek medical attention.

I understand that by signing this statement, I am agreeing to not hold The Scoop on Pilates, it's affiliates, employees, agents, officers, members, owners and/or insurers responsible or liable for any bodily injury or property damage that I may suffer as a result from my participation in a fitness program through The Scoop on Pilates, whether at The Peters Township Community Center, at my home, Nancy Griffin's home or elsewhere. As such, I understand and agree that The Scoop on Pilates, it's affiliates, employees, agents, officers, members, owners and/or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program instructed by The Scoop on Pilates personnel.

I have been informed of the value and recommendation of a physician's approval prior to exercising and/or participating in an exercise or fitness program.

I hereby acknowledge that this Acknowledgement of Risk and Waiver of Liability is freely and voluntarily executed and that I did not rely upon any inducement, promise or representation made by any representative of The Scoop on Pilates or Peters Township Parks and Recreation Department. In signing this document, I affirm that I have read this document in its entirety and fully understand its meaning.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(parent/guardian if under 18)

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions: Read, Print, Sign and Date bottom - FAX Form to: 724-873-0830**