

Liability Waiver and Release

I, _____, understand and agree that my participation in Pilates classes and activities at Empower Pilates, located in New Jersey, is entirely voluntary, and I accept all risks associated with such participation.

I confirm that I am medically fit and capable of participating in physical activities and that I have had the opportunity to consult a physician before beginning any new exercise program. I understand that physical activity carries potential risks, including but not limited to muscle strains, sprains, fractures, cardiac events, or serious injuries, and I voluntarily assume full personal responsibility for any injury, damage, or loss that may occur as a result of my participation.

I fully waive, release, and discharge Empower Pilates, its owners, instructors, employees, agents, representatives, and affiliates from any and all claims, demands, liabilities, debts, or legal actions of any kind, whether resulting from negligence or otherwise.

I understand and agree that this waiver includes claims for personal injury, property damage, illness, severe injury, or even death that may occur while I am on the premises or participating in classes.

I further agree that any dispute or claim arising from my participation in Empower Pilates activities shall be resolved through binding arbitration in accordance with the laws of the State of New Jersey, rather than through a court of law.

I acknowledge that this waiver applies to all future visits and participation at Empower Pilates unless explicitly revoked in writing.

I agree to follow all safety instructions provided by instructors and to inform them before class of any physical limitations or medical concerns that may affect my ability to participate safely.

If the participant is under 18:

I, _____, confirm that I am the legal guardian of the participant and agree to all terms outlined in this document.

Email: _____

Client's Signature: _____

Parent/Guardian Signature (if applicable): _____

Date: _____