



Waiver of Liability and Informed Consent Release

I have enrolled in a program of instruction in the Pilates Method of Physical conditioning offered by Renee Farnie Pilates. I have been advised and I understand that participating in the Pilates Method of exercise and conditioning presents some unavoidable risk of injury, especially to those who have pre-existing injuries, illnesses or medical disabilities. I understand the use of exercise equipment also carries with it a risk of injury. I recognize that many changes occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning. I have and will continue to keep Renee Pilates informed of any physical condition or disability, which would prevent or limit my participation in The Pilates Method of Conditioning I also agree that Renee Farnie is not engaged in diagnosing or treating medical diseases or deficiencies.

I assume all risks of my participation in the programs of the Pilates Method of Conditioning conducted by Renee Farnie Pilates and its instructors and waive any claim that I might otherwise bring against Renee Farnie Pilates and its instructors as a result of injuries resulting from or relating to my participation in The Pilates Method of Conditioning.

Name (printed): _____

Signature: _____

(Parent or Guardian if under 18): _____

Date: _____