

BodyIntel, LLC Agreement of Release and Waiver of Liability

1. I will receive information and instruction while participating in class, health program or workshop offered by BodyIntel, LLC. I recognize that the Physical Therapist or Pilates Instructor will require physical exertion, which may be strenuous and may cause physical injury. I am 100% aware of the risks and hazards.
2. I understand that it is my responsibility to consult with a physician prior to and in regards to my participation in the session or any other activity associated with BodyIntel, LLC. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in my session, health program or workshop at BodyIntel, LLC.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the program at BodyIntel, LLC.
4. I knowingly voluntarily and expressly waive any claim that I may have against the BodyIntel, LLC Physical Therapist, Pilates Instructor or MAT specialist.
5. Heirs, my legal representative and I forever release and waive any liabilities against BodyIntel, LLC and its staff for any injury or death incurred by voluntary participation in this class, workshop or activity.

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

Date: _____

Signature of
Participant: _____

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

Name
Minor: _____

I consent to above conditions:

Signature of Parent/Guardian
Participant: _____