



Progressive Pilates LLC

General Release and Agreement Form

This Agreement is made between Progressive Pilates LLC, and _____ on _____

Release

Before beginning any exercise program, it is wise to have a medical check-up; especially if you have not had one in over a year. In most cases, you are probably ready to go and begin exercising, but your physician will be able to give an unconditional go-ahead. An important point to remember is to start slowly. Overdoing it can cause injury to your muscles and tendons. It is best to gradually build your exercise over time. The goal is a state of physical health which includes muscle tone, flexibility, aerobic endurance along with healthy lifestyle changes.

Please Initial _____

Covenant

I understand that I am embarking in a physical training program; therefore, I release Progressive Pilates, from any liability, damages, and all claims while participating in this program. I understand that shortness of breath, fatigue or chest pains are signs that I should reduce my intensity or discontinue entirely. I will inform the person administering my program and sessions about these or any other symptoms that may arise in my health. I have been informed about risks such as change in blood pressure, feeling faint, structural risks, heart arrhythmia and possible heart attach, even death that may occur during my program. I hereby covenant and agree to release, indemnify and hold harmless its owners, employees and subcontract agents from any and all losses, costs, claims, damages, injuries or liabilities, whatsoever, whether or not based on negligence, including strict liability, arising out of or in any way connected with my participation in this program.

Please Initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

Please Initial _____