

**Liability Waiver for ESSETRICS/PILATES**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (street, apt #, city, state, and zip code): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

What are your fitness goals? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Stress reduction  | <input type="checkbox"/> Rehabilitation               |
| <input type="checkbox"/> Flexibility       | <input type="checkbox"/> Overall sense of wellbeing   |
| <input type="checkbox"/> Strength          | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Weight management |   |

Are you pregnant? Yes or No

Please specify if you have an injury or are experiencing pain: \_\_\_\_\_

Have you ever had surgery? \_\_\_\_\_ If so, what for? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever done ESSETRICS? Yes or No

Have you ever done PILATES? Yes or No

Additional information: \_\_\_\_\_

**Note:** If at any time during the class or session, you feel discomfort or strain, gently come out of your position. You may rest at any time during the class or session. It is important that you listen to your body and respect its limits on any given day.

**Professional Disclaimer Waiver:**

I declare that I do not have an underlying physical condition that would make participation in a fitness class/session unsafe.

I, the undersigned, understand that ESSETRICS and PILATES are not a substitute for medical attention, examination, diagnosis or treatment. I know the importance of consulting a physician prior to beginning any physically active program, including ESSETRICS and PILATES. I recognize that it is my responsibility to notify my instructor of any serious illness or injury before every ESSETRICS or every PILATES session or class.

I hereby agree to release and discharge from liability arising from negligence **ESSETRICS with Julie Mae, LLC** and its owner, or the hosting facility is liable for any injury or damages; to person or property, resulting from taking this session or class. I agree not to bring a claim against **ESSETRICS with Julie Mae, LLC** regarding this session or class - whether an in person class/session or a virtual class/session. Those under 18 years of age must have this form signed by a parent or guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_