



PRENATAL WAIVER

ALIGN Pilates.
PRENATAL EXERCISE RELEASE AND WAIVER

Studio Location: Remarkable's Park

NAME: _____

DOB: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I request enrolment in ALIGN Pilates Reformer Pilates classes at the location selected above. I certify that I have given my treating physician information about this class and have obtained the approval of my treating physician to participate. To my knowledge, I do not have any limiting physical conditions, which would prevent me from participating in Pilates Reformer classes at ALIGN Pilates. I understand that I will not be able to enrol or to continue in this class during the term of my pregnancy without the prior written permission of my treating physician. I agree to keep my physician informed of the effects of this class on my body and to consult him/her whenever necessary. I further understand that there is no requirement to perform all the class exercises and that I can withdraw from this class at any time. During class, I agree to limit my activity to that which is comfortable for me and to stop all activity immediately if I feel uncomfortable. Upon experiencing any discomfort at any time either during or after class, I will immediately contact my treating physician to inform him/her and seek medical advice. I understand that all forms of exercise involve some risk of injury. I accept complete sole responsibility for my health and well-being in this voluntary program. In consideration of my participation in Pilates Reformer classes at ALIGN Pilates, I, for myself, my heirs and assigns hereby knowingly and voluntarily release ALIGN Pilates/Pilates Reformed LTD, its owners, officers, employees, staff, instructors and agents from any liability now or in the future, if I experience any physical problems as a participant in Pilates Reformer classes, and I waive any right, actual or presumed, to bring a cause of action against Pilates Reformed LTD if I have any physical problems as a participant, including, but not limited to, heart attacks, muscle strains, fractures, shin splints, musculoskeletal injuries, heat prostration, or any injury to myself and my unborn child unless caused by the negligence of Pilates Reformed LTD I understand that information regarding my health status will be treated as confidential and will not be released to any person other than program staff without consent.

Signature: _____

Date: _____