



### ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I have enrolled in a fitness program of strenuous physical activity including, but not limited to, Pilates, Yoga, Barre, or Personal Fitness and Wellness Training to include infrared sauna, chromotherapy, and halotherapy. **Special Note to Chromotherapy: Bright colored lights are used which may cause discomfort and/or trigger an epileptic seizure in those with photosensitive epilepsy. If you or any of your relatives have a history of seizures or epilepsy, consult a doctor before participating.**

I assume all responsibility for and risk of damage or injury that may occur as a result of my own actions, in-actions, or negligence, or that of others as a client of Coastal Pilates and Yoga. In consideration of and as a part of payment for the right to participate in any Coastal Pilates and Yoga program, I will hold harmless, and release and discharge all rights and any claims for damages that I may have or that I may hereafter accrue to me against Coastal Pilates and Yoga, its owners, instructors, and agents for any and all injuries resulting from or arising out of, or incident to, my use of the Coastal Pilates and Yoga studio or location of instruction, or facilities and equipment in such place, or a result of, or incident to, engaging in Coastal Pilates and Yoga exercises or otherwise following Coastal Pilates and Yoga instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all the members of my family.

By signing below, I certify that I am medically able to participate in a fitness program and have Informed Coastal Pilates and Yoga of any conditions that may affect my participation. I agree to notify Coastal Pilates and Yoga immediately should my medical status change.

I further understand that I am participating in a personal training program, not a physical therapy program.

I acknowledge that I have carefully read this waiver and release of liability. I understand that I am waiving my right to bring legal action and to assert a claim against the Coastal Pilates and Yoga owners, instructors, or facility for negligence.

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