



Waiver of Liability and Informed Consent

Please initial the following:

1. I understand that I am participating in Gyrotonic, Pilates or other exercise offered by EPY Center during which I will receive information and instruction about Gyrotonic, Pilates, and other exercise. I recognize that EPY Center services involve physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the hazards involved. _____
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in EPY Center services. I represent and warrant that I am physically fit and have no undisclosed medical condition that would prevent my full participation in sessions at EPY Center. _____
3. In consideration of being permitted to participate in Gyrotonic, Pilates and other exercise sessions offered by EPY Center, I agree to assume full responsibility for any risks, injuries or damages, known or unknown that I may incur as a result of participating in the sessions. I knowingly, voluntarily and expressly waive any claim I have against EPY Center for injury or damages that I may sustain as a result of participating in the sessions. _____
4. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue EPY Center and its officers, teachers and agents for any injury caused by their negligence or other acts. _____
5. I understand that if I do not allow at least 24 hours notice before canceling private or semi-private session at the EPY Center, I will be responsible for the full service charge. _____

I have carefully read this Release and Waiver and Attendance Policy form and fully understand and voluntarily agree to the above.

Signature of Participant

Date

If participant is under the age of 18: As legal guardian of _____
I consent to the above terms and conditions.

Name of Participant

Signature of parent or guardian

Date