



### **Release of Liability**

I, \_\_\_\_\_ wish to participate in the exercise program offered by FOCUS PILATES under the instruction of Kimberly Spencer. I understand that there are inherent risks in participating in any exercise program including but not limited to abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using the equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. By signing below, I hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the fitness trainer for any and all injuries while following the training program provided me. I understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I agree that Kimberly Spencer nor the facility of the class shall not be liable or responsible for any injuries to me resulting from my participation and I expressly release and discharge Kimberly Spencer, Focus Pilates and the facility from all claims, actions, judgments and the like which I may claim to have in connection with my participation in the fitness program. I understand that it is my responsibility to consult with my physician before starting any exercise program and it is my responsibility to inform my trainer of any health conditions which might affect my ability to exercise safely and that should I feel faint, dizzy, nauseated, or experience pain I should stop the activity and inform the instructor, Kimberly Spencer.

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Participant's Signature

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Date