

REFORMER PILATES WAIVER & CONSENT FORM

Participant Information

Full Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

1. Acknowledgement of Risk

I acknowledge that participating in Reformer Pilates classes involves physical activity that may include stretching, resistance training, and cardiovascular exercise. I understand that participation may carry the risk of injury, including but not limited to muscle strain, joint injury, falls, or other physical harm. I confirm that I have voluntarily chosen to participate and that I am fully aware of the potential risks involved.

2. Health and Medical Clearance

I confirm that I am in good physical condition and have no medical condition that would prevent me from safely participating. I agree to inform the instructor of any injuries, medical conditions, pregnancies, or other concerns before class. I understand it is my responsibility to consult with my physician prior to participation and to stop any exercise that causes pain or dizziness.

3. Waiver and Release of Liability

I hereby release and discharge the instructor(s), substitute instructors, and the facility from any and all claims, demands, or causes of action that may arise from my participation in Reformer Pilates classes. This waiver includes injury, accident, or death caused by negligence, equipment failure, or other acts, except where caused by gross negligence or unlawful acts.

4. Consent for Touch and Adjustments

I understand that hands-on corrections may be used to support alignment and technique during class.

☐ I consent to receiving physical adjustments.

☐ I prefer verbal cues only.

5. Photography & Media Consent (Optional)

I consent to the use of any photographs or videos taken during classes for promotional and social media purposes.

☐ Yes, I consent.

☐ No, I do not consent.

6. Booking, Cancellation & Conduct

- All bookings are subject to studio policy and may be forfeited if cancelled within the minimum notice period or unattended.
- I agree to arrive on time and follow all class and safety instructions.
- Reformer machines are to be used under supervision and only as directed by the instructor.

7. Agreement

By signing below, I confirm that I have read, understood, and voluntarily agree to the terms of this Waiver & Consent Form. This agreement applies to all current and future Reformer Pilates sessions I attend.

Signature: _____ Date: _____

Instructor/Witness: _____ Date: _____