

Waiver of Liability and Informed Consent Release

- I understand that a medical evaluation is advisable before beginning any new program of physical conditioning or exercise. I have or will continue to keep MoonDance Pilates informed of any physical condition or disability which would prevent or limit my participation in an exercise program. I acknowledge that although the program I participate in may have substantial physical benefits, neither MoonDance Pilates nor its employees/contractors are engaged in diagnosing or treating medical diseases or deficiencies, nor do Pilates sessions serve as a substitute for medical diagnosis or treatment when such attention is needed.
- Because physical activity can be contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all of my known conditions and answered all questions honestly. I agree to keep MoonDance Pilates updated to any changes in my medical profile and understand that there shall be no liability on the part of MoonDance Pilates should I forget to do so.
- I expressly assume all risks of participation in the exercise program at MoonDance Pilates. I recognize that though many positive changes can occur as a result of exercise there is the possibility of negative side effects including possible short term aggravation of some symptoms, tiredness and some muscle soreness. It is important that I inform instructors if you experience pain or severe discomfort during any of the exercises.

Signature _____ Date: _____