

# The Providence Pilates Center

## Waiver & Release

In consideration of the acceptance of Individual's participation in a Training Program (the 'Program'), Individual hereby waives any liability Power Pilates, Inc. or The Providence Pilates Center may have arising out of my participation in the Program. Furthermore, I have been given the rules and regulations of the Program, and as an Individual, Individual hereby agrees to hold harmless Power Pilates, Inc. or The Providence Pilates Center and all other persons and entities, including but not limited to any facility owner/operator utilized during the Program and all sponsors, individuals, third parties, clients, teachers, trainers, Certified PPI Instructors, Senior Instructors, Teacher Trainers, Teacher Trainer Trainees, Instructor Trainees, and the like involved in or otherwise connected with the program for any damages, physical, personal or property, which may arise from my participation in the Program. Because physical exercise can be strenuous and subject to risk of serious injury, Power Pilates, Inc. and The Providence Pilates Center urges you to obtain a physical examination from a doctor before participating in physical exercise or training activities, you do so entirely at your own risk. Individual agrees that Individual is voluntarily participating in the Program and these activities and use of facilities and premises and assumes all risks of injury, illness, or death. Power Pilates, Inc. or The Providence Pilates Center also is not responsible for any loss of your personal property. Individual acknowledges that Individual has carefully read this "Waiver and Release" and fully understands that it is a complete release of liability. Individual expressly agrees to release and discharge all trainers, instructors, other Individuals, officers, directors, employees from any and all claims or causes of action and Individual agrees to voluntarily give up or waive any right that individual may otherwise have to bring a legal action against any of the foregoing for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release also covers and includes negligence and any legal theory based upon negligence. If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid and/or unenforceable, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, Individual acknowledges that Individual understands its content and that this release cannot be modified orally.

---

Signature of Individual

Date

# Providence Pilates Center

5 Lincoln Ave, Providence RI 02906

[www.providencepilatescenter.com](http://www.providencepilatescenter.com)

[provpilates@gmail.com](mailto:provpilates@gmail.com) 401-480-0193

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any injuries or physical conditions that limit your ability to exercise?

\_\_\_\_\_  
\_\_\_\_\_

Have you had any broken bones or surgeries?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_ You are financially responsible for the appointment the day of service.

\_\_\_\_\_ You agree to comply with the 24 hour late cancellation policy.

\_\_\_\_\_ We reserve the right to substitute instructors as needed.

initial

I checked and agree to the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

