



*****RELEASE AND INDEMNITY AGREEMENT*****

I, the undersigned, voluntarily engage in programs offered by True Strength Pilates, LLC. I acknowledge that I understand that participating in such programs necessarily involves the risk of injury. These risks include, but are not limited to, accidents, equipment problems and musculoskeletal injury. Despite my awareness of these risks, I chose to participate in such programs for my enjoyment and benefit. By signing this form, I acknowledge all risks or injury, illness and in extremely rare occasions, death and affirm that I assume all responsibility of the fore mentioned in any way connected with participation in the program(s). I also agree to follow rules and procedures of the program and to follow the reasonable instructions of the instructor and supervisor of the program.

In return for the opportunity to participate in the program(s), I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive, and forever discharge any legal rights I may have to seek payment or relief of any kind from True Strength Pilates, LLC, its owners, members, employees, or agents involving any injury, illness or in extremely rare occasions, death resulting from this program. I hereby release, acquit, waive, and forever discharge any legal rights that I may assert, that may be asserted on my behalf, for participation in the program(s). I also agree not to sue True Strength Pilates, LLC, its owners, members, employees, or agents and further agree to indemnify True Strength Pilates, LLC for all claims, damages, losses or expenses, including attorney fees, if a lawsuit is filed by me or on my behalf concerning any injury, illness or in extremely rare occasions, death in the program(s).

I understand that True Strength Pilates, LLC provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Note: It is best to consult your physician prior to starting any new exercise program.

Signature _____ Date _____

Printed Name _____