

# The Krista McCarthy Studio

*Pilates For Mindful Movement*

## Liability Form

Name\_\_\_\_\_

Phone\_\_\_\_\_

Home Address\_\_\_\_\_

Zip Code\_\_\_\_\_

I have volunteered to participate in this physical conditioning program. This program includes strength, endurance and flexibility work incorporated in the Fletcher Pilates technique and related exercises. The possible benefits of this program include: improving strength, endurance, flexibility, body posture, balance and alignment.

I know that I have the right to choose what exercise I do or do not participate in, in addition to withdrawing from any exercise at any time. Every effort will be made to minimize injury through an initial evaluation and supervision during exercise. To my knowledge, I do not have any limiting physical condition or disability which would preclude such an exercise program. I also understand that a physician's examination is recommended prior to involvement in any new fitness program.

I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting this exercise program. I understand that no responsibility is assumed by the owners, directors, employees or licensees of The Krista McCarthy Studio or The Ron Fletcher Company.

Signature\_\_\_\_\_