



PRENATAL WAIVER
PRENATAL EXERCISE RELEASE AND WAIVER
Studio Location: Queenstown

NAME: _____

DOB: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I request enrollment in Align Studios Group classes at the location selected above. I certify that I have informed my treating physician about this class and have obtained approval from my treating physician to participate. To the best of my knowledge, I do not have any physical conditions that would prevent me from participating in Pilates Reformer classes at Align Studios. I understand that I cannot enrol or continue in this class during my pregnancy without prior written permission from my treating physician. I agree to keep my physician informed of the effects of this class on my body and to consult them whenever necessary.

I further understand that participation in all class exercises is not mandatory and that I can withdraw from this class at any time. During class, I agree to limit my activity to what is comfortable for me and to stop all activity immediately if I feel discomfort. Should I experience any discomfort during or after class, I will immediately contact my treating physician for advice.

I understand that all forms of exercise involve some risk of injury. I accept complete sole responsibility for my health and well-being in this voluntary program. In consideration of my participation in Pilates, Barre & Reformer classes at Align Studios, I, for myself, my heirs, and assigns, hereby knowingly and voluntarily release Align Studios/Pilates Reformed LTD, its owners, officers, employees, staff, instructors, and agents from any liability now or in the future for any physical problems I may experience as a participant, including, but not limited to, heart attacks, muscle strains, fractures, shin splints, musculoskeletal injuries, heat prostration, or any injury to myself and my unborn child, unless caused by the negligence of Pilates Reformed LTD.

I understand that information regarding my health status will be treated as confidential and will not be released to any person other than program staff without my consent.

Signature: _____

Date: _____