

Dawn Kent –DK Pilates
Stott Certified Pilates Instructor
Dawn@dkpilates.com
413.478.0708

RELEASE AND WAIVER OF LIABILITY

NAME: _____	DATE OF BIRTH: _____	
ADDRESS: _____	CITY: _____	
STATE: _____	ZIP: _____	HOME PHONE: _____

1. I understand that it is my responsibility to consult with my physician prior to and regarding my participation in this class. I recognize that this class requires physical exertion which may be strenuous. I am fully aware of the risks involved.
2. I agree to assume full responsibility for any injuries or damages known or unknown, which might occur as a result of participating in this program.
3. In participating in this program I knowingly, voluntarily and expressly waive any claim against Dawn Kent for injury or damages I may sustain as a result of participating in this program.
4. 24 hour notice is requested for any cancellation or rescheduling.

I _____ (print name) have read and understood the above information and fully understand its contents. I voluntarily agree to the terms and conditions stated above.	
_____	DATE: _____
(Signature)	