



Liability Waiver

I, _____, am taking Pilates based personal or group instruction from an instructor of Pivotal Motion Pilates, Inc. I am aware that she/he is a Pilates Instructor, not a Physical Therapist, doctor, or any other medical authority. I have consulted with my health team before starting my Pilates workouts, and have informed my instructor of all pertaining medical history.

All exercises will be undertaken with my utmost safety, personal strength and ability in mind. I, on behalf of myself and my heirs and assigns, hereby release Pivotal Motion Pilates, Inc. and their instructors from any responsibility or liability for damages arising from any injury which I might suffer during or after my participation in such exercises.

Client Signature

Date

Referred by _____

Phone # _____ Email _____