

WAIVER



THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY!

Please consult your physician prior to starting an exercise or fitness program, and prior to using the Facility.

You, the Member, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities.

It should be noted that ownership and staff of Momentum Pilates does not accept any responsibility for any loss, damage, cost, expense or any other responsibility, directly or indirectly, arising out of, attributed to or occurring concurrently or in any sequence with a Communicable Disease, or the fear or threat (whether actual or perceived) of a Communicable Disease.

You and your heirs, next of kin, executors, administrators and assigns agree:

- (a) To waive all claims, known or unknown, that you have or may have in the future against Momentum Pilates, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the “organization”);
- (b) That Momentum Pilates is not liable or responsible for any damage to, loss or theft of your property;
- (c) To release and forever discharge Momentum Pilates from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Momentum Pilates; and
- (d) To be liable for and to hold harmless and indemnify Momentum Pilates from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in activities offered by Momentum Pilates.

Name (please print) _____ Date of Birth _____

Street _____ City _____ Province _____

Postal Code _____ Phone _____ Email _____

Emergency Contact: Name (please print) _____ Phone _____

Date _____ Signature _____

Welcome to



Name: _____

Date: _____

How did you hear about Momentum Pilates?

friend/co-worker

internet

health professional

current member: name _____

other _____

Please check box to receive emails about upcoming events & specials. You may unsubscribe at any time.

Are you or were you active in any sports, exercise programs, physical activity? Please describe.

Do you have any injuries, aches or pains (recent or old)? Please describe them.

Are there any other health concerns (e.g. diabetes, high blood pressure, medications...)?

Are you presently doing other kinds of therapy (e.g. massage, physiotherapy...)?

Have you had any previous pilates training? If yes, where? When?

What is your occupation? What does your typical day involve physically (e.g. sitting at a computer, lifting)?

What are your goals? What do you want most from this program?
