

Waiver

I, _____, have enrolled in a program of strenuous physical activity offered by Kelly Richardson. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program.

In consideration of my participation in Kelly Richardson's program, I, for myself, my heirs, and assigns, hereby release Kelly Richardson from any claims, demands and causes of action arising from my participation.

I fully understand that I may injure myself as a result of my participation and I, _____, hereby release Kelly Richardson from any liability now or in the future including but not limited to heart attacks, muscle strains, broken bones, heat prostration and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

I hereby affirm that I have read and understand the above information.

SIGNATURE

____/____/____

DATE



the pilates room

Kelly Richardson
certified stott pilates instructor

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