



Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following:

I am voluntarily participating in the exercise/Pilates/fitness program conducted by New Motion Physical Therapy, P.S. DBA The Pilates Studio at New Motion. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name (Print): _____

Signature: _____ Date: _____