



ASSUMPTION OF RISK AND RELEASE OF LIABILITY
AGREEMENT

I, the undersigned, assume all responsibility for and all risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of the Pilates Fusion Center, L.L.C. In consideration of and as part of payment for the right to participate as a client of the Pilates Fusion Center, L.L.C., I will hold harmless, and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against the Pilates Fusion Center, L.L.C., its owner, employees, sub-contractors, and agents for any and all injuries resulting from or arising out of, or incident to, my use of the Pilates Fusion Center, L.L.C. studio or location of instruction (e.g. off-site classes), or facilities and equipment in such place, or as a result of, or incident to, engaging in Pilates Fusion Center, L.L.C. exercises or otherwise following Pilates Fusion Center, L.L.C.'s instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

Print Name

Address

Phone – Day

Phone –Evening

Signature

Date

Signature of Parent/Guardian – if less than 18 years old

Date

Witness

Date

The Pilates Fusion Center, LLC
127 West Street Road,
Kennett Square, PA

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