CORES & EFFECT
PILATES

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

CORES & EFFECT INC

WITH

AMY KRAZIZKY

I, _____, hereby agree to the following:

1. That I am participating in the fitness classes, programs or workshops offered by Amy Krazizky. During which I will receive information and instruction about health & fitness. I recognize that fitness programs require physical exertion and may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the fitness classes, programs and workshops. I represent and warrant that I am physically fit and I ahve no medical condition that would prevent my full participation in the exercise class, programs or workshops.

3. In consideration of being permitted to participate in Health and Fitness classes, programs and workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program. These risks include but are not limited to those caused by terrain, temperature, weather, lack of hydration, my physical condition, equipment, and actions of other people including, but not limited to participants and volunteers.

4. In consideration of being permitted to participate in Health and Fitness Classes, Programs or Workshops, I knowingly voluntarily an expressly, waive any claim I may have against Amy Krazizky and /or 'Cores & Effect Inc, for injury or damages that I may sustain as a result of participating in this Program.

5. I, my heirs or legal representatives forever release wavier, discharge and covenant not to sue Amy Krazizky and/or 'Cores & Effect Pilates', for any injury or death caused by their negligence or other acts.

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

Signature _____

Name (print)_____

Address _____

City_____ Postal Code _____

Phone_____

Email_____ Birthdate _____

If a participant is under 18:

As Legal guardian of:_____, I consent to the above terms and conditions.

Date signature of Parent/Guardian witnessed by: