



# Registration & Waiver of Liability

## Group Classes and Personal Training

Name:

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Address:

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City:

State:

Zip:

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Daytime Phone:

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Emergency Contact:

Phone:

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Email:

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### **Waiver of Liability**

I, the undersigned, understand that participation in a course of physical exercise may result in accidental injury or illness. I state that I am physically fit to engage in such an exercise course and that I have consulted with my personal physician if there is any doubt as to the appropriateness of my participation. I agree to hold harmless from any liability Pilates Unlimited, The Lakewood Gym, Karen Sanzo and their respective teachers, for injuries or illnesses related to this exercise course.

### **Personal Training: 24-hr Cancellation Policy**

Kindly provide 24 –hrs notice of cancellation to avoid \$50 fee.

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**Signature**

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**Date**