



Tribe Pilates

New Client Registration & Waiver

Name: _____ Birthday: _____

Address: _____

Email (Please Print): _____ Phone: _____

** One form of contact is required*

Emergency Contact: _____ Phone: _____

Have you performed reformer Pilates before: YES: _____, How Long? _____ NO: _____

Do you have injuries or medical history that our instructors should be aware of? YES: _____ NO: _____

If YES, please provide details: _____

Are you pregnant? YES: _____, Trimester: _____ NO: _____

Brief description of fitness goals: _____

Waiver of Liability

Please read and initial each of these statements below to indicate your understanding and agreement.

Assumption of Risk

1. _____ There is a significant risk of injuries or bodily harm from participating in the activities and classes offered by Tribe Pilates. The risks include the potential for permanent paralysis and death. These risks exist notwithstanding proper use of equipment.
2. _____ The undersigned hereby agrees, represents, and warrants that the undersigned shall not utilize the facilities, services, and programs of Tribe Pilates if he or she (i) experiences symptoms of COVID-19, (ii) has a suspected or diagnosed/confirmed case of COVID-19 or (iii) had exposure to any person who has a suspected or confirmed case of COVID-19.
3. _____ Proper use of equipment is important to reduce the risk of injury. I agree to follow written rules and the instructor's directions while using the equipment. I recognize that failing to do so may significantly increase the risk of serious injury or death.
4. _____ I recognize that known health conditions, including new injuries or pregnancy, may increase my risks. I agree to inform my instructor of any such conditions. I agree that my participation in any activities at Tribe Pilates is free, voluntary, and with knowledge of the risks of any health conditions. I agree to assume full responsibility for my participation.

(continued)

5. _____ I knowingly and freely assume all risks, known and unknown, including the negligence of others, in participation in activities at Tribe Pilates, and assume full and complete responsibility for my participation.

6. _____ I agree to comply with all policies, terms, and conditions of Tribe Pilates, including health and safety policies. I will agree to immediately report any health issue, hazard, safety issue, or other safety concern, and will act at all times to avoid injuring myself or others.

Waiver and Release of Liability

Acknowledging the above mentioned risks and hazards and that I am willingly and voluntarily participating in the activities offered by Tribe Pilates, I, the undersigned hereby release Tribe Pilates, its principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of Tribe Pilates or any of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. Furthermore, Tribe Pilates has implemented the protocols and preventative measures recommended by the CDC to help reduce the spread of COVID-19; however, Tribe Pilates cannot guarantee that you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Tribe Pilates and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Indemnification

I accept full and unconditional financial responsibility for any injury or spread of disease that I may cause either to myself or to any other participant due to my own acts, negligence, or failure to act with reasonable care. I agree to indemnify, defend, and hold harmless Tribe Pilates, its principals, agents, employees, and volunteers, from and against any loss, cost, or damage of any kind, including but not limited to bodily injury or death, and including reasonable attorneys' fees and costs, attributable to any intentional or negligent act or omission by me while participating in activities offered by Tribe Pilates.

Should any of the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this indemnity, I agree to reimburse them for such fees and costs.

I have read and understood the foregoing assumption of risk, waiver and release of liability, and indemnification. I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Client Signature: _____ Date: _____

Print Your Name: _____