

# HEALTH AND SAFETY, WAIVER AND RELEASE FORM

## STUDIO EVOLVE, INC.

I understand that Studio Evolve, Inc. (“Studio Evolve”) provides equipment and facilities for the instruction of the Pilates Method, GYROTONIC®, and Yamuna Body Rolling. I acknowledge that use of Pilates, GYROTONIC ®, and/or Yamuna Body Rolling equipment (“equipment”) and participation in Pilates, GYROTONIC ®, and/or Yamuna Body Rolling training programs (“programs”) could lead to physical injury, including those foreseen and unforeseen, known and unknown. I desire to undertake a physical training program with Studio Evolve with the full knowledge of the possibility that physical injuries could result from my participation. With that knowledge, I desire to assume all risk of injury associates with my participation.

Therefore, in consideration for my participation at Studio Evolve and my use of the Pilates, GYROTONIC ®, and/or Yamuna Body Rolling equipment or any services I receive, I hereby assume all risk of loss, damage or injury associated with or incurred during my use of such fitness equipment or participation in the Pilates, GYROTONIC ®, and/or Yamuna Body Rolling fitness and wellness programs offered by Studio Evolve and its instructors.

On behalf of myself, my heirs, beneficiaries, administrators and personal representatives, I waive all claims for injuries or damages arising out of my use of the equipment or participation in the programs and hereby release Studio Evolve, as well as its officers, directors, employees, agents, members, successors and assigns from all such claims arising out of my use of the equipment or participation in the programs of Studio Evolve.

I confirm that my physical condition allows me to use the equipment and participate in the programs and that, if I have any question about my physical condition in this regard, I will seek a physician’s advice.

I understand and acknowledge that Studio Evolve will not be able to provide use of its equipment and/or participation in its programs without the execution of this Agreement. Accordingly, I have read and understand the foregoing and voluntarily sign this Health and Safety Information, Waiver and Release Form.

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Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date