

Physical Activity Release

TO: Cassandra's Absolute Pilates (the "Sponsor")

RE: Pilates Classes (the "Activity")

IN CONSIDERATION OF being permitted to participate in the Activity, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation and/or involvement in the Activity, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
2. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Activity.
3. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Witness Signature

Date

Contact in Case of Emergency

Relation of Contact

Address of Contact

Telephone No. of Contact

Signature of Participant

Name of Participant

Address of Participant

Telephone No. of Participant

Name of Physician

Telephone No. of Physician