



## Park Meadows Pilates Release of Liability

In consideration of being allowed to participate in any way in Integrated Therapy Centers, PC (dba Park Meadows Pilates and Physical Therapy hereinafter known as "PMP") programs, related events and activities, I acknowledge, appreciate and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the representatives of PMP or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated terms and conditions (here and in the attached Agreement of Policies) for participation. If, however, I observe any unusually significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, agree to release and hold harmless PMP, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, loss, or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I agree to forego any and all liability claims, demands actions or rights of actions against Releasees in any way related to my participation with PMP.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE(UNDER AGE 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE