

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, HEREBY AGREE TO THE FOLLOWING:

1. That I am participating in the Pilates classes and Equine sessions, or workshops offered by Good Life Pilates (GLP) and it's constituents during which I will receive information and instruction about health and fitness and horsemanship. I recognize that fitness and equestrian programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the hazards and risks involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the Pilates/equine classes, or workshops. I represent that I am physically fit and I have no medical condition that would prevent my participation in the exercise classes, health programs or workshops.
3. In consideration of being permitted to participate in Pilates and or Equine classes, or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in these programs or caused by an Equine.
4. In consideration of being permitted to participate in Equine, and Pilates Classes, Programs, or Workshops, I knowingly and voluntarily expressly waive any claim I may have against Good Life Pilates for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Good Life Pilates for any injury or death caused by their negligence or other acts.
6. Colorado - Warning - Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

By signing below I also agree to the terms of Good Life Pilates Cancellation policy. Our cancellation policy is as follows. Cancellation of private sessions or classes must be made 24 hours in advance. If session is canceled in less than 24 hours you will be charged in full.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

If participate is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT