



ULTIMATE PILATES

T E A C H E R T R A I N I N G

LIABILITY WAIVER

PARTICIPANT LIABILITY WAIVER & RELEASE FORM

I, the undersigned, hereby voluntarily agree to participate in the Comprehensive Pilates Teacher Training Certification Program ("Ultimate Pilates Teacher Training") conducted by Ultimate Pilates Teacher Training, LLC, located at:

Laura's Ultimate Pilates Studio
7873 University Drive
Parkland, FL 33067

ASSUMPTION OF RISK

I understand and acknowledge that participation in the Program involves inherent risks, including but not limited to:

- Physical injury
- Emotional distress
- Loss or damage to personal property

I voluntarily assume full responsibility for all such risks, whether foreseen or unforeseen, arising from my participation in the Program.

WAIVER & RELEASE OF LIABILITY

In consideration for being permitted to participate in the Program, I, on behalf of myself, my heirs, executors, administrators, successors, and assigns, hereby waive, release, and hold harmless Ultimate Pilates Teacher Training, LLC, Laura's Ultimate Pilates, Inc., and their owners, officers, directors, employees, agents, instructors, and representatives from any and all claims, demands, actions, or causes of action for bodily injury, personal injury, property damage, wrongful death, or other losses, whether arising from the negligence of any party released herein or otherwise, in connection with my participation in the Program.



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MEDICAL RELEASE

I certify that I am in good physical health and have no medical condition or restriction that would prevent me from safely participating in the Program. If I have any concerns regarding my physical condition or ability to participate, I agree to consult with a licensed medical professional prior to participation. I further agree to provide written medical clearance from a qualified provider (MD, DO, or DPT) if requested.

PHOTOGRAPHY & PUBLICITY RELEASE

I grant *Laura's Ultimate Pilates, INC.* and *Ultimate Pilates Teacher Training, LLC* permission to use any photographs, videos, or other media taken during my participation in the Program for marketing, promotional, educational, or informational purposes, in print or digital formats. I understand that no compensation will be provided for the use of such media.

SEVERABILITY

If any provision of this Waiver is found to be invalid or unenforceable by a court of competent jurisdiction, such invalidity shall not affect the enforceability of the remaining provisions, which shall remain in full force and effect.



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PARTICIPANT INFORMATION & CONSENT

I have carefully read this Liability Waiver and Release Form, fully understand its contents, and voluntarily agree to all terms. I acknowledge that by signing this document, I am waiving certain legal rights, including the right to sue, and I do so of my own free will.

Participant's Signature: _____

Participant's Printed Name: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Company Representative Signature: _____

Date: _____