



LIABILITY RELEASE FORM

NAME: _____ DATE: _____

I hereby unconditionally remise, release, and forever discharge Symmetry Pilates Center, LLC and their employees, directors, contractors, volunteers or agents, of and from any and all manner of actions, causes of actions, claims and demands of any nature which I may have in respect of any injury, loss or expense of any description or cause I may sustain arising out of or in any way connected with participation in Symmetry Pilates Center, LLC programs, including any claim in breach of contract, breach of duty of care and/or negligence.

I am aware of the 24 hr. cancellation policy to avoid being charged for privates and small group classes.

Signature: _____

Parental consent for minors:

I agree that _____ (minor) has my consent to participate in Symmetry Pilates Center, LLC training programs.

I also give my consent for Symmetry Pilates Center, LLC to seek emergency treatment for _____ (minor) if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant's signature / date

Name of parent/guardian

Signature of parent/guardian /date

Symmetry Pilates Center, LLC