

JUNE 2-5, 2011
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CLIENT RELEASE FORM

“I _____ have enrolled in a program of physical activity, including but not limited to body conditioning machinery used during the workouts offered by the Art of Control® Pilates Studio. I hereby affirm that I am in good physical condition and do not suffer from any disability that would contribute to injury. I am not under the influence of any drugs or alcohol.”

“In consideration of my participation in any workshops, private workouts or classes, I hereby release The Art of Control and their presenters/contributors, from any claims, demands and causes of action arising from my participation and I release The Art of Control Pilates Studio from any liability now or in the future, including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, knee/lower back/foot injuries and any other illness, soreness or injury caused, occurring during or after my participation at the studio.”

In case of emergency please contact (please print) _____

Phone _____

I affirm that I have read and agree to the above _____

Date _____

Please return this form signed and dated to us either by fax, or print out, sign, scan and attach to an email and send to us at:
aoc.secretary@gmail.com.
