BELLE VIE PILATES STUDIO

STUDIO LIABILITY RELEASE, INFORMED CONSENT & ASSUMPTION OF RISK

This agreement applies to participation in Pilates classes, private sessions, and other fitness and movement services offered by **Belle Vie Wellness Studios, LLC, doing business as Belle Vie Pilates Studio ("Belle Vie").**

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I voluntarily choose to participate in Pilates, exercise, fitness, and movement activities offered by Belle Vie. I understand that physical exercise involves inherent risks and that my personal safety cannot be guaranteed.

I understand that I am responsible for monitoring my own physical condition before, during, and after participation. If I experience pain, dizziness, shortness of breath, unusual discomfort, or other concerning symptoms, I will stop participating and notify my instructor or another Belle Vie staff member.

I understand that I am responsible for determining whether I am physically able to participate. I acknowledge that consultation with a physician or other qualified healthcare provider may be appropriate before beginning or continuing an exercise program, particularly if I have an injury, medical condition, am pregnant or postpartum, have recently undergone surgery, or have other health concerns.

I understand that Belle Vie provides Pilates, fitness, and movement instruction and does not provide medical diagnosis, medical treatment, physical therapy, or other healthcare services through my participation in these activities.

I understand that individual results cannot be guaranteed and that I am responsible for communicating any limitations, injuries, health concerns, or changes in my condition that may affect my participation.

ASSUMPTION OF RISK

I understand that participation in Pilates and other physical activities may involve risks including, but not limited to, muscle soreness, strains, sprains, falls, equipment-related injury, aggravation of a pre-existing condition, serious bodily injury, permanent disability, or, in rare circumstances, death.

I understand that additional risks may exist that are not presently known or reasonably foreseeable.

I knowingly and voluntarily assume the risks associated with my participation in activities at Belle Vie, whether known or unknown, and accept responsibility for my participation and personal safety.

I agree to follow instructor guidance and stated studio policies and procedures. If I observe an unsafe condition or experience a significant problem during my participation, I will discontinue the activity and notify a Belle Vie staff member.

RELEASE AND WAIVER OF LIABILITY

To the fullest extent permitted by applicable law, I voluntarily release and hold harmless **Belle Vie Wellness Studios, LLC, doing business as Belle Vie Pilates Studio**, together with its owners, members, employees, instructors, contractors, agents, representatives, successors, and assigns, from claims or liability arising from or related to my voluntary participation in Belle Vie activities, including claims arising from ordinary negligence, except to the extent such liability cannot legally be waived.

I understand that Belle Vie instructors may have different levels of education, training, experience, and Pilates certification. I voluntarily participate in instruction provided by Belle Vie instructors and understand that Pilates instruction is not a substitute for individualized medical care, diagnosis, treatment, or physical therapy.

I accept financial responsibility for medical treatment or other expenses I may incur as a result of my participation, except where otherwise required by law.

ACKNOWLEDGMENT

I acknowledge that I have carefully read this Studio Liability Release, Informed Consent & Assumption of Risk Agreement and understand its contents.

I understand that by signing this agreement, I am voluntarily assuming certain risks and waiving certain legal rights.

I confirm that I have had the opportunity to ask questions before signing and that I am signing this agreement freely and voluntarily.

Participant Name: _____

Signature: _____

Date: _____

Email: _____

Phone: _____