



Participation Consent and Release Form

Winsor Fitness and Winsor Pilates

12231 Wilshire Blvd, Santa Monica, CA 90025 (310) 442-1030

8204 Melrose Ave, West Hollywood, CA 90046 (323) 653-8767

Name:	_____
Address:	_____
City:	_____ State: _____ ZIP: _____
Tel Work:	(_____) _____ Home: (_____) _____
Email Address:	_____

1. INFORMED CONSENT FOR PARTICIPATION IN EXERCISE PROGRAM

I _____ wish to participate in the Winsor Pilates program which consists of isotonic exercises to improve joint range of motion, muscular strength, endurance and tone.

2. WAIVER OF LIABILITY

I waive any and all claims for myself, my heirs, my executors and administrators against Mari Winsor, Winsor Pilates, its owners, employees and participants for any and all injuries that are directly or indirectly a result from my participation in the Winsor Pilates Program. I attest that I have full knowledge of the risks involved in an exercise program and that I am sufficiently healthy to participate.

Signature: _____ Date: _____

Print Name: _____

3. MEDICAL INFORMATION

All clients are required to provide their own medical coverage.

Please state any health conditions, afflictions, or physical injuries (e.g. car accidents).

Doctor's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: (_____) _____ Home Phone: (_____) _____