

Release from Liability and Agreement Not to Sue

I, _____(please print name) warrant that I am in good physical condition and have no disability, impairment or ailment which would be adversely affected by participation in a physical conditioning program or by use of the facility or services. I also warrant that I will notify Honest Movement Pilates LLC, should such a problem develop in the future. Honest Movement urges all clients and guests to obtain a physical examination before engaging in any fitness program.

- I. I RELEASE AND AGREE NOT TO SUE Honest Movement Pilates LLC, its AFFILIATED PERSONS AS DEFINED IN PAR. II HEREIN ON ANY AND ALL CLAIMS OR ACTIONS FOR PERSONAL INJURIES OR DEATH OR PROPERTY DAMAGE OR LOSS, WHETHER CAUSED BY THE NEGLIGENCE OR ANY OTHER ACT OR OMISSION.
- II. Those persons who are Affiliated for purposes of the RELEASE FROM LIABILITY AND AGREEMENT NOT TO SUE include all stockholders, officers, contractors, employees, trainees, and agents of the following entities, the following entities themselves, and all the heirs, executors, administrators, successors, assigns, and estates of any of the following entity: Ki Lan and Daniel Black, Honest Movement Pilates, LLC, SageMED, and all companies and firms affiliated with any of the foregoing. Affiliated persons also includes all promoters of any part of Honest Movement Pilates including it's exercise equipment, fitness programs, workshops or seminars.
- III. I understand fully the CANCELLATION POLICY which states I am responsible for full payment of all scheduled classes and/or sessions unless I cancel 24 hours or more in advance. I understand session packages and special programs are non-transferable and non-refundable.
- IV. I understand Honest Movement Pilates LLC and its Affiliates, employees, trainees, and contractors, do not diagnose illness, disease, or any other physical or mental disorder, not make medical claims of any kind.
- V. I further warrant and state that I am at least 18 years old, or that I have otherwise complied with the law of Washington which allow me to assume contractual duties and liabilities.

I AGREE THAT I HAVE IN FACT CAREFULLY READ THIS DOCUMENT AND UNDERSTAND MY SIGNATURE REPRESENTS MY ACCEPTANCE BY MY FREE WILL OF ALL ITS PROVISIONS.

Signature _____ Date _____