

# Workshop Registration



Days : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



## Waiver/Release To Participate:

I hereby affirm that I am in sound physical condition, with no physical limitations and able to participate in above listed exercise workshops that may be rigorous at times. I recognize that participation in these workshops is voluntary on my part, and that there are inherent risks which I hereby assume for myself, my heirs, and assigns. Clare Dillon-Palma, Pilates of Greenville shall not be liable for any injuries or damages to any participant, or the property of any participant. I expressly waive, release, and discharge Clare Dillon-Palma, Pilates of Greenville, from any obligations, liabilities, claims, demands, costs, and expenses, including attorney fees, arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the workshops. I understand and agree that video or audio recording and picture taking is permitted only with the permission of the presenter and upon approval used only for personal, not business, purposes.

I hereby affirm that I have read, fully understand and accept the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_