

Maple Tree Pilates LLC



Date: _____

Name: _____

Birthday: _____

Address: _____

Phone: (c) _____ (w) _____

Email: _____

Emergency contact/best number to be reached: _____

Relationship to contact:

What are your Fitness Goals?

- Strength
- Flexibility
- Weight loss
- Endurance
- Conditioning for another sport or activity
- Other

What other forms of exercise do you currently participate in?

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

By signing this Waiver of Liability and Informed Consent Release, the Undersigned acknowledges that s/he has read this Waiver of Liability and Informed Consent Release in its entirety and understands the same.

IMPORTANT: RELEASE AND WAIVER OF LIABILITY.

I HEREBY ACKNOWLEDGE AND AGREE that use of Maple Tree Pilates LLC’s facilities, services, equipment, and/or premises involves risk of injury to persons and/or property, and I HEREBY ASSUME ANY/ALL RESPONSIBILITY FOR SUCH RISK.

I HEREBY FURTHER ACKNOWLEDGE AND AGREE that participation in any/all workouts and/or virtual, private, and/or group class(es) is voluntary and involves risk of injury to persons and/or property, and I HEREBY ASSUME ANY/ALL RESPONSIBILITY FOR SUCH RISK, including, by way of example and not limitation, any risk that may arise from the negligence or carelessness of Maple Tree Pilates, LLC and its affiliates, directors, officers, representatives, agents, and employees, property owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC, including any conditions present, performance of and/or participation in any/all exercise/activity, and/or use of any/all Pilates equipment.

I HEREBY FURTHER ACKNOWLEDGE AND AGREE that Maple Tree Pilates, LLC and its affiliates, directors, officers, representatives, agents, and employees, including, but not limited to, Elizabeth Chier, are not experts nor do they diagnose illness, disease, or any other physical or mental condition or make medical claims of any kind.

I, for myself, heirs, executors, administrators, successors, and assigns, and any other entity or party entitled to assert any claim on my behalf, **HEREBY RELEASE AND AGREE TO HOLD HARMLESS** Rockwell Properties, LLC and Maple Tree Pilates LLC, including their respective affiliates, directors, officers, representatives, agents, attorneys, and employees, including but not limited to Elizabeth Chier, (hereinafter “Released Parties”) for any and all loss or damage and forever give up any claim or demand on account of any and all injury or damage to my person and/or property, including, but not limited to, injury leading to death, whether caused by the active or passive negligence of Released Parties and/or the active or passive negligence of third-parties and/or because of Released Parties’ possible liability without fault, to the fullest extent permitted by law, while in, upon, or about Maple Tree Pilates LLC’s premises and/or while using any Maple Tree Pilates LLC’s facilities, services, and/or equipment.

This Waiver of Liability and Informed Consent Release shall be construed in accordance with and governed by the laws of the State of Illinois.

Client Name (Please Print): _____

Client Signature: _____

Date: _____

COVID-19 WAIVER OF LIABILITY AND DISCLOSURE AGREEMENT

I HEREBY ACKNOWLEDGE AND AGREE THAT I EXPRESSLY ASSUME ANY/ALL RISK of exposure to and/or of contracting COVID-19 (as defined by the World Health Organization) and/or any strain(s), variant(s), or mutation(s) thereof, the coronavirus that cause(s) COVID-19, and/or any other communicable and/or infectious disease(s), virus(es), bacteria, and/or illnesses and/or the causes thereof (collectively, “**Communicable Disease**”), during and/or in connection with my voluntary participation in any activity and/or my presence at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC.

I HEREBY FURTHER ACKNOWLEDGE AND AGREE that I expressly understand that the risks of exposure to Communicable Disease include, but are not limited to, contracting Communicable Disease and any associated danger(s), medical complication(s) (including, but limited to, death), and/or physical and/or mental injury, both foreseen and unforeseen, that may result from contracting Communicable Disease.

I HEREBY FURTHER ACKNOWLEDGE AND AGREE that I expressly understand that my interaction(s) with any affiliate(s), director(s), officer(s), representative(s), agent(s), employee(s), including, but not limited to, Elizabeth Chier, client(s), and/or patron(s) of Maple Tree Pilates, LLC and/or any other person(s) at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC poses an inherent, elevated risk of being exposed to and/or contracting Communicable Disease and that it cannot be guaranteed that I will not be exposed to and/or contract Communicable Disease while at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC, for any amount of time, and that potential exposure to and/or contraction of Communicable Disease is/are risk(s) that cannot be eliminated. If infected with Communicable Disease, I acknowledge and agree that I may subsequently infect others, even if I do not experience or display any symptoms.

I HEREBY ACKNOWLEDGE AND AGREE THAT I EXPRESSLY ASSUME ANY/ALL RISK that I may be exposed to and/or contract Communicable Disease by participating in any activity and/or being present, for any amount of time, at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC.

I, for myself, heirs, executors, administrators, successors, and assigns, and any other entity or party entitled to assert any claim on my behalf, **HEREBY RELEASE AND AGREE TO HOLD HARMLESS** Rockwell Properties, LLC and Maple Tree Pilates LLC, including their respective affiliates, directors, officers, representatives, agents, attorneys, and employees, including but not limited to Elizabeth Chier, (hereinafter “Released Parties”) for any and all loss or damage and forever give up any claim

Maple Tree Pilates LLC

or demand on account of any and all exposure and/or the contracting of Communicable Disease and/or any/all injury, illness, and/or damage, including, but not limited to, injury and/or illness leading to death, arising therefrom.

Client Name (please print): _____

Client Signature: _____ Date: _____

*In connection with the foregoing, I agree that I will not participate in any class or private session or be present at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC at any time if:

(i) I am experiencing symptoms of Communicable Disease; or

(ii) I am subject to a quarantine order or recommendation, in either case based on applicable local public health authority regulations or guidance from the Center for Disease Control.

I further agree that I will submit to any health screening and/or Communicable Disease testing and will comply with any Communicable Disease prevention methods (e.g., masking), that may be required as a condition of my participation in any activity with and/or presence at, about, and/or upon any property and/or premises owned, maintained, leased, and/or controlled by Maple Tree Pilates, LLC.

Client Signature: _____ Date: _____