



PILATES WAIVER, INFORMED CONSENT & LIABILITY

Please read the following carefully before participating in any Pilates class, private session or other physical activity at Aligned Wellness. By registering for and participating in sessions at Aligned Wellness, you confirm that you have read, understood and agree to the terms below.

1. Participation and Physical Activity

I understand that Pilates and other forms of physical exercise involve physical exertion and movement and may carry inherent risks, including muscle soreness, strains, sprains, falls or other injury.

I acknowledge that I am voluntarily participating in Pilates classes, private sessions and/or other physical activities offered by Aligned Wellness and its instructors.

I agree to participate within my own physical capabilities and to follow the instructions provided by my instructor or practitioner.

2. Medical Conditions and Fitness to Participate

I confirm that, to the best of my knowledge, I am physically capable of participating in the activities I have chosen.

I understand that it is my responsibility to inform Aligned Wellness and my instructor or practitioner of any medical condition, injury, pregnancy, recent surgery, medication, physical limitation or other relevant circumstance that may affect my ability to participate safely.

If I have any concerns about my health or whether exercise is appropriate for me, I understand that I should seek advice from my GP or an appropriately qualified healthcare professional before participating.

I understand that Aligned Wellness and its instructors may ask me to modify, postpone or discontinue an exercise or session where they consider this necessary for my safety.

3. Responsibility During Sessions

I agree to immediately inform my instructor or practitioner if I experience pain, dizziness, shortness of breath, discomfort, illness or any other symptom that causes me concern during a session.

I understand that I should not continue an exercise if I feel unable to perform it safely or if I have been advised by my instructor or practitioner to stop.



I acknowledge that failing to disclose relevant health information or failing to follow reasonable safety instructions may increase the risk of injury.

4. Assumption of Risk

I acknowledge that participation in physical activity carries an inherent risk of injury, even when exercises are appropriately instructed and reasonable safety precautions are taken.

I voluntarily accept the ordinary and inherent risks associated with participation in Pilates and physical exercise.

5. Liability

To the fullest extent permitted by law, I agree that Aligned Wellness will not be responsible for loss, damage or injury arising from my participation where such loss, damage or injury results from circumstances outside Aligned Wellness' reasonable control or from my own actions, failure to follow reasonable instructions, or failure to disclose relevant information.

Nothing in this waiver is intended to exclude or restrict any liability that cannot legally be excluded or restricted, including liability for death or personal injury caused by negligence, fraud or any other liability which cannot lawfully be limited or excluded.

6. Personal Belongings

I understand that I remain responsible for my personal belongings while attending Aligned Wellness. Aligned Wellness cannot accept responsibility for loss, theft or damage to personal property except where liability cannot legally be excluded.

7. Declaration and Consent

By registering with Aligned Wellness and participating in its classes or sessions, I confirm that:

- I have read and understood this waiver and informed consent.
- I understand the nature of the physical activities in which I am participating.
- I have disclosed any relevant medical or physical information that may affect my participation.
- I will inform my instructor or practitioner of any changes to my health or circumstances that may affect my ability to exercise safely.
- I will follow reasonable instructions provided by Aligned Wellness staff and instructors.



- I understand that I participate voluntarily and accept the ordinary risks associated with physical exercise.
- I understand that this waiver does not remove or limit any rights or liabilities that cannot legally be excluded under UK law.

By registering for and/or participating in a session at Aligned Wellness, I confirm that I have read, understood and voluntarily agree to this waiver and informed consent.