

WAIVER OF LIABILITY

The undersigned has requested that Borland's Studio of Pilates L.L.C. provide instruction in physical training and Pilates. I understand that Pilates is a strenuous physical activity requiring a healthy body. I have been advised that prior to engaging in Pilates of any physical activity I should have a medical checkup to confirm a physical condition. I agree not to engage in any activity that causes me undue pain or discomfort and to notify my instructor of any physical limitations which I may have.

I hereby release Borland's Studio of Pilates L.L.C., its agents or employees from any liability for personal injury or illness as a result of my engaging in Pilates classes or instruction.

Dated this _____ day of _____, 20_____.

(Signature)