

Barre & Pilates Classes with Chloé Mizuta presented by the French Cultural Center of Boston and Cambridge

Personal Information:

Name: _____ DOB: ____/____/____

Address: _____

City: _____ Post Code: _____

Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship to contact: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in Barre and Pilates classes. I hereby assume all risks connected therewith and consent to participate in those classes.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in Barre and Pilates classes.

Signature: _____ Date: ____/____/____

