

## Waiver and Informed Consent

### PILATES, PERSONAL TRAINING, AND YOGA

I have chosen to participate in a program of physical exercise under the direction of Centurion Physical Therapy. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition that would prevent or limit my participation in this program. I also know that I have the right to question, interrupt, or withdraw from any exercise at any time.

I understand that Centurion makes no claims, representations, or guarantees about specific results.

I also acknowledge that there are risks of injury from my participation in Pilates, personal training, or yoga. And while particular rules, equipment, and personal discipline may reduce these risks, I knowingly and freely assume them. I indemnify Centurion and its agents from all claims, actions, judgments, expenses, and demands with respect to my person and/or property. I understand and agree that this paragraph is to be binding on myself, my heirs, executors, administrators, and assigns.

I have read this document and fully understand its terms.

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Participant

Date