FUEGO PILATES — MINOR WAIVER & RELEASE FORM

Participant Name (M	nor):	
Date of Birth:		
Parent/Guardian Name: _		
Phone:	Email:	

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY...

1. Acknowledgment of Risks

I, the undersigned parent or legal guardian, understand that participation in Pilates group classes involves physical exertion and inherent risks, including but not limited to muscle strain, falls, or other injuries.

2. Voluntary Participation

My child's participation is voluntary and I acknowledge the risks associated with the activity.

3. Release & Waiver of Liability

I hereby release Fuego Pilates LLC and Fuego Pilates DFM LLC and its agents from any and all liability, except for gross negligence or intentional misconduct.

4. Indemnification

I agree to indemnify and hold harmless Fuego Pilates LLC and Fuego Pilates DFM LLC from any losses arising from my child's participation.

Medical Authorization

In case of emergency, I authorize staff to secure medical care and agree to assume related costs. 6. Compliance with Rules

My child agrees to comply with all studio rules and instructor directions.

7. Governing Law	
This agreement shall be governed by the la	ws of Florida and enforceable in Lee
County.	
8. Signatures	
Parent/Guardian Signature:	Date:
Print Name:	
Minor Signature:	Date:
Studio Representatives: Amy Majewski, ow Fuego Pilates DFM LLC	ner, Fuego Pilates LLC and Jennifer Leach, Owner,