



Participant name:

**DECLARATION OF MEDICAL FITNESS, ASSUMPTION OF RISK,
LIABILITY, CONDUCT, SAFETY, HEALTH & INSURANCE
Boutique Reformer Pilates**

1. Medical fitness & duty to inform

I declare that I am medically fit to participate in Reformer Pilates classes and training at Boutique Reformer Pilates. I confirm that I have no medical condition, injury, limitation or health issue that would make participation unsafe, or that I have fully and correctly informed Boutique Reformer Pilates and its instructors in advance. In case of any doubt regarding my medical fitness, I undertake to obtain prior approval from my treating physician or specialist before participating. Seeking medical advice is solely my own responsibility. Boutique Reformer Pilates does not provide medical screening, diagnosis or treatment.

2. Personal responsibility & risk awareness

I acknowledge and accept that Reformer Pilates is a physical and demanding activity involving inherent risks, including muscle soreness, overuse, injuries or other bodily harm. I undertake to perform exercises only within my personal physical and mental limits, to follow instructions carefully and to stop immediately in case of pain, discomfort, dizziness or doubt. Participation is entirely at my own risk.

3. Exclusion of liability

I expressly waive any right to hold Boutique Reformer Pilates, its owner, employees or instructors liable for bodily injury, accidents, temporary or permanent injuries, or material or immaterial damage, regardless of the cause, arising directly or indirectly from participation in classes, use of equipment or failure to follow instructions, except in the event of proven gross negligence or intent, as provided by law.

4. Insurance

I acknowledge that Boutique Reformer Pilates does not provide an individual or separate sports insurance for participants. I am solely responsible for obtaining appropriate (sports) insurance and for checking its coverage and limits. Any additional sports insurance must be expressly requested and is separate from the standard services.

5. Conduct, instructions, language & safety

I acknowledge that all classes and instructions at Boutique Reformer Pilates are given in Dutch. Insufficient knowledge of Dutch may lead to misinterpretation of instructions. Boutique Reformer Pilates cannot be held liable for any misunderstanding or consequences arising therefrom. In case of doubt, booking a private session in English or French is recommended to properly understand the basic concepts and terminology.

6. Right to immediate suspension of participation

Boutique Reformer Pilates reserves the express and unilateral right to immediately suspend my participation in a class or training, without any right to refund, if instructions are not followed correctly, exercises are performed unsafely, personal limits are exceeded despite clear instructions, or in case of disruptive, reckless or irresponsible behavior. This measure may be temporary or permanent and is taken solely in the interest of safety. The instructor's decision on site is final and not subject to dispute.

7. Safety, health, grip socks & personal belongings

Wearing grip socks is mandatory during all Reformer Pilates classes for safety and hygiene reasons. Participants not wearing grip socks may be refused participation without refund. I undertake not to participate if I am ill or experience symptoms such as fever, flu, cold, cough, gastrointestinal complaints or general malaise. Boutique Reformer Pilates cannot be held liable for loss, damage or theft of personal belongings brought into the studio.

8. Damage to equipment and facilities

I acknowledge that I am responsible for damage to equipment, materials or facilities of Boutique Reformer Pilates resulting from improper or careless use, failure to follow instructions, or reckless or negligent behavior. In such cases, Boutique Reformer Pilates reserves the right to recover the repair or replacement costs in whole or in part from the participant. Normal wear and tear resulting from proper use is excluded.

9. Final acceptance

By signing this document, I declare that I have read and fully understood it, have had sufficient opportunity to ask questions and voluntarily, knowingly and without reservation agree to all provisions.

[] I would like more information about an additional sports insurance.

Participant name (block letters): _____

Date of birth: _____

Date: _____

Signature: _____