2026 D.O.B. _____

WAIVER AND RELEASE OF LIABILITY

Alma Herman · Pilates & Fitness · Miami, Florida

In consideration of the risk of injury while participating in fitness activities, and as consideration for the right to participate in the activity, I _____ hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge Alma Herman, located in Miami, Florida, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from an event related to this activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this activity, which may include but not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or other's negligence, conditions related to travel, or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during this activity.

I acknowledge that Alma Herman and her directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Alma Herman.

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather and/or lack of hydration.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Alma Herman from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Alma Herman for personal injury or property damage.

To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of Alma Herman.

I understand that Alma Herman bills its Personal Training clients on a pre-pay basis, either online or in person. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made BEFORE the sessions are conducted. Cash, Cash App, Venmo, bank transfers and Zelle are accepted. I understand that all Personal Training sessions are non-refundable.

PRICES

Session	Single	10 pack
Pilates session at the studio	$145	$1,350
Home call or outdoors in Mid-Beach	$170	$1,650
Online session	$95	$900

All prices in US dollars.

I understand that Alma Herman operates on a scheduled appointment basis for all sessions and thus requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for

that session. It is recommended that all canceled sessions be rescheduled to ensure consistency and progress.

I understand that if my Personal Trainer becomes ill, has an emergency or cannot come to a session due to bad weather, my session will be rescheduled.

In the event that I should require medical care or treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

In the event of emergency please contact the following person:

Emergency contact	Relationship	Telephone
_____	_____	_____

I _____, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Signature	Date
_____	_____