



WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify The Pilates Studio at least 24-Hours in advance or I will be held responsible for payment in full. In the case of instructor illness or emergency, another instructor will be automatically substituted and/or the session will be cancelled. The Pilates Studio will notify all session attendees via e-mail or phone in the event of a session cancellation.

PACKAGE EXPIRATION POLICY: I understand that if I choose to buy a package of prepaid Pilates sessions, monthly memberships, and any special deals and promotions from The Pilates Studio, that those sessions must be used in the specified amount of time from the date of purchase. Expiration dates are found in The Pilates Studio MindBody Online Store. Sessions remaining on a package that have not been used within the said expiration date will be lost. Refund requests are not available. Packages can be put on hold for up to one year due to illness or injury if submitted in writing with a physicians note. Packages can also be transferred to another client at the studio if submitted in writing. Packages may not be shared with two or more people. One person per package only.

LOST/STOLEN ITEMS: The Pilates Studio and its practitioners shall not be responsible or liable for any articles lost, stolen or damaged. PARKING: Parking at The Pilates Studio is street parking. The city designates specific days/times on the street that it is restricted to park. I understand that it is my responsibility to check all signs and park in the appropriate side of the street. The Pilates Studio is not responsible for any ticket issued while attending sessions at The Pilates Studio.

GENERAL POLICY: I understand that I have enrolled in a program of instruction utilizing the Pilates Method of physical conditioning offered by The Pilates Studio. I have been advised and I understand that participation in the Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise sessions, including but not limited to possible short term aggravation of some symptoms, feeling of tiredness, light-headedness, change in energy level, mood changes, muscle and body soreness, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep the instructors of The Pilates Studio fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the program may have substantial physical benefits, The Pilates Studio practitioners do not engage in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the program of the Pilates Method conditioning conducted by The Pilates Studio and waive any claim which I might otherwise bring against The Pilates Studio its officers, directors, shareholders, employees, trainees and contractors, resulting from or relating to my participation in this Pilates conditioning program.

Sign: _____ (Parent/Guardian if under 18) Date: _____