

**RELEASE WAIVER OF LIABILITY FORM
PILATES AND MASSAGE SERVICES**

**The Pilates Experience, Inc.
503 Duane St., Suite A, Glen Ellyn, IL 60137**

DATE: _____ **Birthdate:** _____

FULL NAME: _____

ADDRESS: _____

EMAIL _____

TELEPHONE: Home: _____ **Cell:** _____

EMERGENCY CONTACT: _____

HOW DID YOU HEAR ABOUT THE PILATES EXPERIENCE?

Policies, Procedures, Guidelines:

- * Training, Evaluations, and Sessions are prepaid prior to scheduling appointments.*
 - * All packages, and single sessions are non-refundable.*
 - * Rate/Package price Guarantee of one year with continuum of training.*
 - * Pilates 10 Session Packages expire one (1) year from the date of purchase.*
 - * Massage (6) Hour Packages expire (6) months from the date of purchase.*
 - * All Pilates Training Sessions are 50 Minutes in length.*
 - * A 24 Hour cancellation notice is required to avoid being charged for any scheduled session.*
 - * A no-show is assumed 15 minutes past the scheduled time.*
 - * Regardless of arrival time, sessions will end at the scheduled time.*
 - * Pilates Equipment is not to be used without your Trainers assistance.*
 - * Instructors are not responsible for clients under the age of 18 years old, before and after scheduled training sessions.*
 - * Prior to any Pilates or Massage session, Waiver of Liability must be signed.*
 - * Pilates Attire: Socks, Capri/Long Pants, NO SHORTS.*
 - * NO PERFUMES/COLOGNES, due to environmental sensitivities.*
- I have read the above policies-payment procedures-guidelines, and fully understand it's contents. I voluntarily agree to the terms and conditions stated above.***

Please Sign: _____

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AGREEMENT OF RELEASE & WAIVER OF LIABILITY:

I will receive information and instruction while participating in class, workshop, personal training session, or health program, by The Pilates Experience, Inc. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with The Pilates Experience, Inc. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the class, health program, workshop or personal training session.

I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of participating in the program.

I knowingly, voluntarily and expressly waive and claim that I may have against The Pilates Experience, Inc. and it's instructors for any injury or death incurred by my voluntary participation in this class, workshop, or activity.

I HAVE READ THE ABOVE RELEASE & WAIVER OF LIABILITY AND FULLY UNDERSTAND IT'S CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

DATE: _____ **SIGNATURE:** _____

If participant is under the age of 18 as legal guardian of: _____

Name of Minor

I consent to the above conditions.

Signature of Parent or Guardian of Participant:

"Witnessed by" Signature if necessary:

Please Sign: _____