

YOUR BODY[®]

P I L A T E S

INFORMED CONSENT AND WAIVER AND RELEASE OF LIABILITY

I have volunteered to participate in a program of health care including physical conditioning, Pilates, and to retain the services of YOUR BODY PILATES LLC and its employees, independent contractors and/or any future employees and independent contractors. I intend to assume all risk of injury from my participation. To that end, I acknowledge and agree to all of the following:

I have been advised and I understand that participation in 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, illnesses, or medical conditions. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes occur as a result of exercise programs, including possible short-term aggravation of some symptoms, such as tiredness, lightheadedness, increased energy, mood changes etc. This applies to exercise/activities in any format, whether in person or over video or phone.

I also understand that a medical evaluation is recommended before commencing any program of physical conditioning or exercise. I have or will continue to keep YOUR BODY PILATES LLC 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 conditioning program I participate in may have substantial physical benefits, neither YOUR BODY PILATES LLC, nor its employees and contractors are engaged in diagnosing or treating medical diseases or deficiencies.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless YOUR BODY PILATES LLC, their officers, officials, agents, independent contractors, and/or employees, other participants, sponsoring agencies, and if applicable, owners and lessors of premises used to conduct the activity with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. In addition, this release applies to exercise/activities in any format, whether in person or over video or phone.

YOUR BODY PILATES LLC helps train teachers, and, on occasion, there may be students observing client sessions/classes as it pertains to their educational requirements. There may also be apprentice teachers assisting under the direct supervision of a qualified teacher.

YOUR BODY PILATES LLC shall not be held responsible or liable for any articles lost, stolen or damaged, in or about the studio.

YOUR BODY[®]

P I L A T E S

I HAVE READ THIS INFORMED CONSENT AND WAIVER & RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS. I AM SIGNING THIS VOLUNTARILY AND I AGREE TO BE BOUND BY ITS PROVISIONS. I UNDERSTAND I MAY HAVE A COPY FOR MY RECORDS AT MY DISCRETION.

Print name: _____

Signature: _____ Date: _____

Parent/Guardian Signature if participant under 18:

Print Name: _____ Signature: _____

Relationship: _____ Emergency Phone: _____

CANCELLATION/REFUND POLICY

WE TAKE PRIDE IN THE HIGH-LEVEL QUALITY OF OUR SERVICES AND INSTRUCTION. OUR EXPERT TEACHERS DEPEND ON A CONSISTENT SCHEDULING POLICY. IN ORDER TO PROVIDE YOU WITH THE BEST POSSIBLE EXPERIENCE, PLEASE UNDERSTAND THE FOLLOWING POLICIES AND SIGN BELOW TO ACCEPT THE TERMS.

-Payment is due in full at the time services are booked.

-All purchases are non-refundable. Please note expiration dates on purchases for packages. Unused sessions will be forfeited.

-Advance reservations require a valid credit card on file.

-**24-hour** advance notice is required to change or cancel an appointment without a charge. No shows will be charged in full.

-**24 hour** advance notice is required to change or cancel a class reservation without charge. No shows will be charged.

Appointments may be canceled by phone, email or in person. If you have an illness or emergency, we allow no more than **two** free late cancellations per year. Please notify as soon as possible.

Print name: _____

Signature: _____ Date: _____

YOUR BODY[®]

P I L A T E S

Video/Image Grant and Release

For consideration which I acknowledge, I irrevocably grant to YOUR BODY PILATES LLC and Company's assigns, licensees, and successors the right to use my image and name in all forms and media including composite or modified representations for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

I release Company and Company's assigns, licensees, and successors from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. Company is permitted, although not obligated, to include my name as a credit in connection with the image.

Company is not obligated to utilize any of the rights granted in this Agreement. I have read and understood this agreement and I am over the age of 18. This Agreement expresses the complete understanding of the parties.

Print name: _____

Signature: _____ Date: _____

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.

Parent Name: _____

Parent Signature: _____ Date: _____