



POLICIES, PROCEDURES, WAIVER OF LIABILITY

(Please print) **Name:** _____

PLEASE READ CAREFULLY

24-HOUR CANCELLATION POLICY:

I understand that if I must cancel a scheduled appointment class I will notify PILATES PRO 24 hours in advance or be held responsible for full payment for the amount of the session. ONE emergency Late Cancellations without penalty are allowed per calendar year for movement classes and private sessions.

Please initial: _____

APPOINTMENTS & BOOKINGS:

Reservations for private sessions and group classes can be made in person or via telephone or email. To ensure availability, pre-registration is encouraged. We reserve the right to cancel a class due to low enrolment.

Please initial: _____

POLICIES & PAYMENT PROCEDURES:

All packages have a three month expiration date. Clients have the option of purchasing a single class or pre-purchasing a package of 5, 8, or 10 classes/sessions. All packages, single sessions and classes are non-refundable. Packages will not be extended and are not transferable. This policy is to encourage you to be consistent and to commit to your fitness and health goals.

Please initial: _____

If a refund is required for medical or other reason the following policies apply:

- If package has not been activated, a full refund is granted
- If sessions have been used from the package, those sessions will be charged at single session price and a refund will be issued for the balance

Please initial:

- Training evaluation and sessions must be pre-paid prior to scheduling appointments
- All training sessions are 55 minutes in length unless specified otherwise
- A no-show is assumed 15 minutes past the scheduled time
- Regardless of arrival time, sessions will end at the scheduled time

Please initial: _____



AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, session, health program or workshop offered by PILATES PRO. 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.
2. 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 PILATES PRO. 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, or workshop.
3. I knowingly, voluntarily and expressly waive any claim that I may have against PILATES PRO instructors or PILATES PRO Rehabilitation and Conditioning Centre for injury or damages that I may sustain as a result of my participation.
4. Heirs, my legal representatives or I, forever release and waive any liabilities against PILATES PRO and it's instructor(s) 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 ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Participant: _____ Date: _____

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

_____ (Name of Minor)

I consent to the above conditions.

_____ (Signature of Parent/Guardian of Participant)

_____ ("Witnessed by" Signature)