



## STUDIO POLICIES

### Cancellation/No Show Policy

If I “no-show” or cancel a Pilates session without providing 24 hours notice I will be charged for the session. Exceptions for emergent situations may be made.

### Informed Consent And Release of Liability

The undersigned hereby voluntarily consents to participate in an exercise program that will include strengthening, stretching, coordination, stabilization, breathing, and balance exercises. The undersigned should be aware that exercise is physically demanding and may be contraindicated with some medical conditions and injuries.

It is understood that prior to beginning the described exercise program, a physician’s consent should be obtained where there are pre-existing orthopedic injuries, Osteoporosis, heart, blood pressure or other cardiovascular problems.

Participation in this exercise program is voluntary and I understand that my exercise level will be based on my current fitness status and physical abilities. The exercises are designed to gradually increase the work load on the musculoskeletal and cardiovascular systems, thereby improving their functions. As with any other exercise program, there is the risk of abnormalities of blood pressure and heart rate, and in rare incidences heart attack or heart failure, injury or death.

In consideration of my acceptance as a participant in such activities, I state that I have read and fully understand the description of the activities and the risks associated with participation, and I expressly waive, release and discharge Elizabeth Rogers and Elizabeth Rogers Pilates and Physical Therapy, PLLC, and any independent contractors, officers, directors, employees, substitutes, agents and successors from any obligations, liabilities, claims, demands, costs and expenses, including attorney fees arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the exercise program.

Any questions have been answered to my satisfaction. I hereby affirm that I have read, fully understand, and accept the above.

### **I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE POLICIES.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

#### **If Client is a minor:**

I consent to the above policies and participation of my minor child \_\_\_\_\_(Name of Child)

Signature \_\_\_\_\_ Date \_\_\_\_\_