

Pilates Confidence, LLC

Waiver and Consent Release Form

1. I understand that the work I receive at Pilates Confidence, LLC is provided for the purpose of physical exercise.

Please initial: _____

2. If I experience any pain or discomfort during this/these session(s), I will immediately inform the practitioner so that the pressure, procedure, and/or exercise may be adjusted to my level of comfort.

Please initial: _____

3. I understand that a medical evaluation is advisable before beginning any program of physical conditioning or exercise. Because the practitioner must be aware of any existing physical conditions, I have stated all known medical conditions and I take it upon myself to keep the practitioner updated and aware of any changes in my medical profile. I understand that there shall be no liability on the practitioner's part should I fail to do so.

Please initial: _____

4. I assume all risks of participation in the exercise programs at Pilates Confidence, LLC.

Please initial: _____

5. **All cancellations** require 24 hours notice or the full session fee will be charged. If the appointment can be filled, you will not be charged.

Please initial: _____

6. **Two** emergency late cancellations without penalty are allowed per calendar year for private sessions.

Please initial: _____

Signature: _____ **Date:** _____

Printed Name: _____

Witness: _____ **Date:** _____