

Waiver and Consent form

-I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program, or workshop. If medical conditions are present, they have been fully disclosed. I understand that it is my responsibility to consult with a medical professional prior to and regarding my participation in this activity associated with Lifestyle Pilates.

-I recognize that Pilates 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 risks may be caused by misuse or failure of equipment, and accidents that cannot be foreseen. I UNDERSTAND THAT THERE ARE DANGERS AND RISKS INHERENT IN THE ACTIVITIES, INCLUDING THE RISK OF SERIOUS PERSONAL INJURIES, PARALYSIS, AND DEATH.

-I knowingly, voluntarily and expressly waive any claim that I may have against Lifestyle Pilates instructors or LA Training Gym for injuries or damages that I may sustain as a result of my participation.

-Although measures are being taken by Lifestyle Pilates to prevent the spread of COVID-19 (such as social distancing, sanitization, etc.), I acknowledge that attending Pilates sessions could result in COVID-19 infection.

-Heirs, my legal representatives, and I forever release and waive any liabilities against Lifestyle Pilates and its instructors for any injury or death incurred by my voluntary participation in this activity.

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

I hereby affirm that I have read this document in its entirety. I agree to each and every term and condition of this document.

Client's Signature _____ Date _____

Printed Name: _____

CANCELLATION POLICY

As a courtesy to our staff and clients we have a 24-hour cancellation policy. It is each client's responsibility to cancel the appointment at least 24 hours in advance to avoid cancellation fees. Failure to provide the required notice will result in an invoice in the full amount of the session and/or a session will be deducted from your "bundle" as if you have attended the class or appointment. There is a one-time grace period of no charge because it is understood stuff happens! Please understand that we must enforce this policy strictly. We thank you for your cooperation!

I understand the terms of this form. I agree to be financially responsible for cancellations made less than 24 hours prior to the service or no shows. I authorize Lifestyle Pilates to charge me in the event of a cancellation or no show. For my own safety and wellness, I also understand that if I arrive 15 minutes late, I may not receive the service but will be charged.

Client's Signature _____ Date _____