



### **Policies and Waiver of Liability**

100 Riverside Blvd,  
New York, NY, 10069  
(212) 362-5310

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**email:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**City, State, ZIP:**

\_\_\_\_\_

**Telephone: H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **M:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Do you have any injuries/medical conditions?**

\_\_\_\_\_

\_\_\_\_\_

**Do you exercise regularly?** \_\_\_\_\_

**How did you hear about Abena Pilates?**

\_\_\_\_\_

### **Cancellation Policies**

- All pilates sessions are 55 minutes and all ELDOA sessions are 45 minutes. Sessions will begin and end promptly as scheduled.
- Regardless of arrival time, sessions will end at the scheduled time.
- 24-hour notice of cancellation is required to avoid being charged for appointments and classes. Please cancel online or call or e-mail your instructor directly.

- If you wish to cancel your duet session, you must not only cancel online or with your instructor directly, but you must also give your partner 12 hours notice so that they may opt to either cancel or keep the scheduled appointment time and pay for a private session. Failure to do so will result in a late cancellation charge. Please see your instructor or studio director for clarification of duet policy.
- Late cancellations and no-shows will be charged the full amount of the scheduled session.
- In case of last-minute instructor illness or emergency, we will make every attempt to keep your appointment time by booking you into another instructor's schedule. If you do not wish to exercise this option, please let your instructor know in advance so that we may contact you to cancel.

### **Purchase Policies**

- Advance payment is required to sign up for classes. Appointments can be made online, at the studio or by phone.
- Private and semi-private package cards expire 12 months after activation. Special promotions and packages may have unique expiration dates. All purchases are non-refundable and non-transferable.
- We accept cash, check, Visa and MasterCard.

### **Studio Policies**

- Prior to any training session, a Waiver of Liability must be completely filled out and signed.
- Please be courteous and quiet while sessions are in progress.
- We kindly ask that you mute your cell phone before entering the studio, to avoid interruptions to you and others during their sessions. Also remove your street shoes upon entering the studio.
- Please refrain from wearing clothing with zips to avoid scratching the upholstery on the equipments. Please wear socks during sessions.

**I have read the above policies and fully understand their contents. I voluntarily agree to the term and conditions stated above.**

**Please Sign:**

\_\_\_\_\_ Date:\_\_\_\_\_

## **Agreement of Release & Waiver of Liability**

1. I will receive information and instruction while participating in the class, health program or workshop offered by Abena Pilates LLC. 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 Abena Pilates LLC. 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.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the program.
4. I knowingly, voluntarily and expressly waive any claim that I may have against the Abena Pilates Independent instructors or Abena Pilates LLC for injuries or damages that I may sustain as a result of my participation.
5. Heirs, my legal representatives and I forever release and waive any liabilities against Abena Pilates LLC and its instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity.

**I have read the above release and waiver of liability and fully understand their contents. I voluntarily agree to the term and conditions stated above.**

Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

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: \_\_\_\_\_