

## Liability Waiver for Pilates Session with Pure Form Pilates

Assumption of Risk. I \_\_\_\_\_, hereby accept all risks associated with participating in (Pilates) with Pure Form Pilates. I release and forever discharge Pure Form Pilates, or other agents from any and all responsibilities, damages or other liability resulting from or in any way related to my participation in any of the (Pilates) program components with Pure Form Pilates.

1. I acknowledge that I am willingly choosing to participate in any activities that may potentially result in damage to personal property, serious injury, disability or death. I further acknowledge that there may be other risks not easily foreseeable at this time. I hereby assume full responsibility for all the known and unknown risks and waive all claims of injury to my body or property.

2. I acknowledge that Pure Form Pilates will offer the most effective program, as individuals respond differently to the same program, cannot guarantee the safety or effectiveness of the program. Therefore, the products and services offered by Pure Form Pilates are done so without warranties or guarantees of any kind, express or implied.

3. I understand that a physician's approval is recommended before starting any exercises and I have obtained that approval or acknowledge the risks and state that I am in good physical condition.

4. I understand that Pure Form Pilates recommends consistent participation for optimal results, and that appointments should be rescheduled as soon as possible.

5. I understand that NO REFUNDS will be issued once payment has been made.

If for any reason you cannot complete your block of purchased sessions contact Pure Form Pilates at [info@pureformpilates.com](mailto:info@pureformpilates.com) to discuss credit options available.

I acknowledge that I am 18 years of age or older and I agree to all statements.

I acknowledge that I have been given the opportunity to ask questions about the contents of this document.

I understand the risks and benefits and agree to discharge, release, and hold harmless Pure Form Pilates, or other agents from any and all liability for damage claims or losses resulting from my participation in a Pilates at Pure Form Pilates.

By completing payment for contract/sessions I acknowledge that I have understood and agree with all the statements above.

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

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_