



TRI · PHYSICAL THERAPY
PHYSICAL THERAPY | PILATES | MASSAGE

Pilates Waiver of Liability and Informed Consent Release

This release, waiver, and Hold Harmless Agreement is made by and between the undersigned (client) and Tri-Physical Therapy, and entered on the day month and year below.

Tri-Physical Therapy provides space for instruction in the Pilates method of physical conditioning. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client.

Client desires to undertake Tri-Physical Therapy's program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

The parties recognize that Tri-Physical Therapy will not be able to provide it's program to client(s) without the execution of the agreement.

Therefore, the client in consideration of the above and the exercise classes to be provided, hereby waives all claims for damage or loss to personal property which may be caused by any act, or failure to act of Tri-Physical Therapy instructors, staff, partners or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in Tri-Physical Therapy exercise programs.

The purpose of this section, is to clarify your financial responsibilities so that we focus our efforts on helping you achieve your optimal results in the shortest amount of time.

* **Our office requires 24-hour notice cancellation of appointments.** Appointments missed or cancelled without 24 hour notice, will be charged a **\$40.00 fee.**

Late Arrivals If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your instructor will then determine if there is enough time remaining to start/provide a treatment. Regardless of the length of the treatment provided, you will be responsible for "full cost" of the cost of session. Out of respect and consideration for your instructor and other patients/clients, please plan accordingly and be on time.



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I _____, have enrolled in a program of physical activity including but not limited to the use of various Pilates machinery offered by Tri-Physical Therapy. I understand that participation in the Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some potential risk of injury, especially to people who have pre-existing injuries, muscle movement patterns, illness or medical disabilities. I herby affirm that I have and will keep Tri-Physical Therapy fully informed of any, existing physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I will also keep Tri-Physical Therapy informed of any physical condition or disability arising from my participation in Tri-Physical Therapy exercise program, I, my heirs and assigns, herby release Tri-Physical Therapy from my liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee, lower back, foot, injuries and other illness, soreness, or injury however caused, occurring during or after participation in the exercise program.

I herby affirm that I have read and fully understand the above, am over eighteen years of age, or am a legally emancipated minor

Date: _____ **Client Signature:** _____

Client Printed Name: _____

Phone Number: _____ **Email:** _____

Client's Mailing Address: _____
