



*Pilates 4 Every Body*

## **RELEASE & WAIVER OF LIABILITY FORM**

**THRIVE PILATES STUDIO  
Tracy Nielsen – Owner  
Sanford Wellness Center – 49<sup>th</sup> and Oxbow  
Sioux Falls, SD  
Cell – 605-351-8786**

**DATE:** \_\_\_\_\_

**FULL NAME:**

\_\_\_\_\_

**EMAIL ADDRESS:**

\_\_\_\_\_

**STREET ADDRESS:**

\_\_\_\_\_

**CITY, STATE, ZIP:**

\_\_\_\_\_

**TELEPHONE: H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **C:**

\_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_

**INJURIES/MEDICAL CONDITIONS?**

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE PILATES EXPERIENCE?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POLICIES – PAYMENT PROCEDURES - GUIDELINES:**

Training evaluations and sessions must be pre-paid prior to scheduling appointments.

All packages, single sessions, and classes are non-refundable.

Rate/Package price GUARANTEE of two years with CONTINIUM of training.

All Pilates Training Packages expire one year from the date of purchase.

All Training Sessions are 50-55 minutes in length.

A 24 Hour cancellation notice is required to avoid being charged for a scheduled session.

A no-show is assumed 15 minutes past the scheduled time.

Regardless of arrival time, sessions will end at the schedule time.

Pilates Equipment is not to be used without your Trainers assistance.

Instructors are not responsible for clients under the age of 18 years, before or after scheduled training sessions.

Prior to any training session, Waiver of Liability must be completely filled out and signed.

No perfumes or colognes, due to environmental sensitivities. Thank you.

I HAVE READ THE ABOVE POLICIES - PAYMENT PROCEDURES - GUIDELINES, AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

**Please sign:**

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**AGREEMENT OF RELEASE & WAIVER OF LIABILITY**

1. I will receive information and instruction while participating in the class, health program or workshop offered by THRIVE PILATES STUDIO. 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 THRIVE PILATES STUDIO. I represent and warrant that I am physically fit and I have no medical conditions, which 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 THRIVE PILATES STUDIO instructor or THRIVE PILATES STUDIO for injury or damages that I may sustain as a result of my participation.
5. Heirs, my legal representatives or I, forever release and waive any liabilities against THRIVE PILATES STUDIO and it's instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity.

**I HAVE READ THE ABOVE RELEASE & WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS 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**

\_\_\_\_\_  
**"Witnessed by" Signature**