



BILLING & CANCELLATION CONTRACT

Billing & Payments

All packages must be paid in full prior to starting of first session. Payments are non-refundable and non-transferable. We accept Venmo, Zelle, cash and checks.

Cancellations

If you need to cancel your session, please notify us via phone or text at least 24 hours in advance to avoid a cancellation fee. You will be billed for the session for cancellations that occur within 24 hours of your session. Missed or no-show appointments will be charged the full amount for the session booked. If you're late to your appointment, your session will only be for the remainder of the time allotted for your booked session.

Full name: _____

Signature: _____

Date: _____



PHOTO RELEASE

I hereby grant Pilates Arcadia the irrevocable right and permission to use photographs and/or video recordings of me taken on premises or at offsite events online or for any other similar purpose without compensation to me. I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such photographs, video and audio recordings and digital files are and shall remain the property of Pilates Arcadia. I hereby release, acquit and forever discharge Pilates Arcadia, its agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I DO grant Pilates Arcadia, its representatives and employees the right to take photos/video. I agree that Pilates Arcadia may use such photographs, for any lawful purposes, including marketing and/or promotional efforts.

I DO NOT want my picture or video taken for any purpose.

Full name: _____

Signature: _____

Date: _____



LIABILITY RELEASE

PHYSICIANS APPROVAL & RISK OF THE EXERCISE PROGRAM: I understand that a medical evaluation is advisable, and approval is highly warranted before commencing any program of physical conditioning or exercise. I have and will continue to keep the instructor fully informed in writing of any physical condition which would prevent or limit my participation in a Pilates program.

WAIVER AND RELEASE OF LIABILITY: This Agreement is entered into between the undersigned (Client) and Pilates Arcadia to resolve any claim that may arise from Client's participation in any in program provided by Pilates Arcadia employees, agents, and representatives.

ASSUMPTION OF RISK: Client agrees that her/his participation in any physical exercise or activity directed by Pilates Arcadia for any purpose is done at Client's own risk. Client assumes all risks of all injuries and/or damage that Client may suffer as a result of participating in any program provided by Pilates Arcadia This agreement covers all of Pilates Arcadia employees, agents, and representatives.

RELEASE: Client agrees on behalf of herself/himself and all her/his personal representatives, heirs, executors, administrators, agents, and assigns to release and discharge Pilates Arcadia and its employees, agents and representatives from any and all claims or causes of action (known or unknown) arising out of the Client's participation in any training offered or provided by Pilates Arcadia, whether active or passive.

INDEMNIFICATION: By signing this agreement, Client hereby agrees to indemnify and hold harmless Teri Friedland and/or Pilates Arcadia, its employees, agents, or representatives from any loss, liability, damage, or cost that may incur as a result of any claim made by Client against Teri Friedland and Pilates Arcadia, its employees, agents, or representatives.

ACKNOWLEDGMENTS: Client agrees that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law in the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.



By signing below, Client acknowledges that he/she has carefully read this waiver/release and fully understands that it is a release of liability, express assumption of risk and indemnity agreement. Client is also aware and agrees that by executing this waiver & release, she/he is giving up her/his right to bring any legal action or assert a claim against Teri Friedland and Pilates Arcadia for negligence. Client has read and voluntarily signs this waiver/release and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made by Teri Friedland and Pilates Arcadia, its employees, agents, or representatives.

I have read the above Policies and Waiver/Release and agree to the terms/conditions stated herein.

Name: _____

Signature: _____

Date: _____



CLIENT INTAKE FORM

NAME: _____ TODAY'S DATE: _____

DOB: _____ AGE: _____

EMAIL: _____ CELL PHONE: _____

HOW DID YOU HEAR ABOUT PILATES ARCADIA?

ARE YOU CURRENTLY UNDER DOCTOR OR PHYSICAL THERAPIST CARE?

HEALTH/INJURY HISTORY: _____

MEDS-For HBP, CARDIAC: _____

OF PREGNANCIES: _____ ARE YOU CURRENTLY PREGNANT? _____

ARE YOU CURRENTLY UNDER DOCTOR/PT CARE?

ANY EXERCISE PRECAUTIONS/RESTRICTIONS/LIMITATIONS?

HAVE YOU EVER TRIED PILATES? _____

CURRENT EXERCISE/ACTIVITY PROGRAM: _____

FITNESS GOALS:

1. _____

2. _____

3. _____

IS THERE ANYTHING ELSE YOU'D LIKE US TO KNOW?
