



## **WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE**

**CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify The Scoop-A Pilates Studio, LLC, at least 24 hours in advance or I will be held responsible for payment in full.**

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by The Scoop-A Pilates Studio, LLC. I have been advised and I understand that participating in Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc...

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep The Scoop-A Pilates Studio, LLC, fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither The Scoop-A Pilates Studio, LLC, nor its staff is engaged in diagnosing or treating medical diseases or deficiencies.

If I have enrolled in a program of Pilates Method conditioning which is to be conducted by a Pilates Method student intern, I have been advised that the student intern conducting the program has not completed the full requirements for certification to teach the Pilates Method. I understand that because the student intern has relatively limited knowledge and experience with the Pilates Method, the risk of injury to me may be greater.

I expressly assume all risks of my participation in the programs of Pilates Method conditioning conducted by The Scoop-A Pilates Studio, LLC, (Debbie Moore Johnston) its officers, shareholders, employees, trainees and contractors as a result of injuries resulting from or relation to my participation in Pilates Method conditioning programs.

The Scoop-A Pilates Studio, LLC, shall not be responsible or liable for any articles lost, stolen or damaged, in or about the studio.

I understand that Mat & Apparatus Classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

In the case of teacher illness or emergency, another teacher will be automatically substituted. We will try to notify each client whenever possible.

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Signature (Parent/Guardian if under 18)

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Date