

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify Rivercity Pilates at least **24 hours** in advance or I will be held responsible for the session fee.

Initial here: \_\_\_\_\_

I hereby certify that I am voluntarily participating in a physical conditioning and corrective exercise program based on the work of Joseph Pilates with Rivercity Pilates. I hereby affirm that I am in good physical condition, have my physician's approval, and do not suffer from any disability that would prevent or limit my participation in the program. In addition, I certify that I understand the potential risks of the program after having had the opportunity to inquire in detail regarding all aspects of the program, and to have all questions with regard to the program satisfactorily answered, including physiological changes which can occur.

I agree to release from all liability and to indemnify Rivercity Pilates, its officers, directors, agents, and all representatives from and against all claims, actions judgments, costs, expenses, and demands with respect to injury, loss, death, or damage to my person or property in connection with my taking part in the above stated program. It is understood and agreed that this agreement is to be binding on myself, heirs, executors, administrators, and assigns.

I certify that I have read the above and understand it. Intending to be legally bound hereby, I make this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**CLIENT SIGNATURE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_