



1055 N. Main Street Suite E Summerville, SC 29483

Agreement and Liability Waiver

PARTICIPANT INFORMATION ONLY - TO BE FILLED OUT BY PARTICIPANT (PLEASE PRINT CLEARLY)

First Name:_____ Last Name:_____ Birth date:_____ Phone number:_____
mailing address:_____ City_____ State:_____ Zip:_____
E-mail Address:_____

Align Pilates, the studio on hand (referred to herein as the "trainer") and the undersigned client (referred to herein as the "client") on the other hand, hereby agree to the following terms and conditions regarding client's use of the Align Pilates facility:

CANCELLATION POLICY Scheduled group classes may be cancelled with 8 hours' notice to the studio from the client. If notice of cancellation for a scheduled session is not received within 8 hours prior to a scheduled class, the client agrees to either redeem a class credit or pay a \$15 Late Cancel Fee, depending on membership type and agreement. Scheduled Intro sessions may be cancelled with 12 hours' notice to the studio from the client. Initial _____

PHYSICAL CONDITION OF CLIENT The client represents, warrants, and agrees that the client is in good physical condition and that the client has no disability, impairment, or ailment that will prevent the client from engaging in active or passive exercise or that should be detrimental to the client's health, safety, comfort or physical condition should the client engage in active or passive exercise. The client acknowledges that the studio has neither made claims to medical results nor suggested medical treatment to the client. The client acknowledges that the studio recommended that the client consult physician prior to beginning this exercise program. The client understands that it is the client's responsibility to inform the studio of pain experienced before, during or after participating in the exercise program so that the exercise may be immediately terminated. Initial _____

WAIVER AND INDEMNIFICATION Client is familiar with and recognizes the danger and risk of injury to person and or property which may result from the use of studio's facilities including, without limitation, injury from slipping and falling, excess fatigue or stress, muscle strain, or any other unforeseen cause. With full knowledge and understanding of such risks, client agrees to use the facilities and the studio's services rendered to the client at his or her own risk and PERSONALLY ASSUMES THE RISK for any harm, injury, or damage that may occur as a result from use of trainer's facilities. Clients hereby fully and forever RELEASES, RELINQUISHES, ACQUITS, AND DISCHARGES Align Pilates Studio and trainers, as well as any owners, managers, employees, or agents (collectively, "Released Parties"), from any and all claims, demands, actions, causes of action and rights (whether known, unknown, contingent, accrued, inchoate, or otherwise) which client may have against Align Pilates Studio, trainer, or other Release Parties arising out of or relating to Align Pilates Studio or trainer's passive or active negligence. Client expressly warrants and represents and does hereby state and represent that no promise or agreement which is not herein expressed has been made to him/her in executing this release and Waiver of Liability, and that the client is not relying upon any statement or any representation of any of the Released Parties. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW

Emergency Contact Information Name:_____ Phone number: _____
Relation:_____ Signature of Participant _____ Printed Name of Participant _____
Date _____