



PILATES ISLAND STUDIO
200 BUTTERCUP CREEK BLVD. #113
CEDAR PARK, TEXAS 78613

REGISTRATION POLICIES AND WAIVER OF LIABILITY

NAME: _____ DATE: _____

E-MAIL: _____ BIRTHDAY: _____

ADDRESS STREET: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: MOBILE: _____ HOME: _____

DL# _____ or ID# _____

EMERGENCY CONTACT NAME AND #: _____

INJURIES / MEDICAL CONDITIONS _____

DO YOU EXERCISE REGULARLY? YES NO

HOW DID YOU HEAR ABOUT PILATES ISLAND? _____

CONNECT WITH US ON SOCIAL MEDIA SITES? YES NO *Thanks*

I have reviewed and agree that this information is correct to the best of my knowledge.

➤ *Please sign:* _____ Date _____

"Thank you for choosing Pilates Island Studio."



PILATES ISLAND STUDIO POLICY AGREEMENT

Cancellation Policies

- All sessions and classes are 55 minutes. Sessions will begin and end promptly.
- Regardless of arrival time, sessions will end at the scheduled time.
- 24-hour notice of cancellation for private lessons is required to avoid being charged for appointments. Please cancel online or call or e-mail your instructor directly.
- If you wish to cancel your semi-private session, you must not only cancel online or with your instructor directly, but you must also give your partner 24 hours notice so that they may opt to either cancel or keep the scheduled appointment time and pay for a private session. Failure to do so will result in being charged for the appointment.
- Late cancellations and no-shows will be charged the amount of scheduled session.
- In case of last-minute instructor illness or emergency, we will make every attempt to keep your appointment time by booking you into another instructor's schedule or accrediting your lesson card.

Purchase Policies

- Advance payment is required to sign up for classes. Appointments can be made on-line, at the studio, by email or on the phone.
- Class Passes expire in 12 months after activation. All purchases are non-transferable unless authorized.
- We accept cash, check, bank wires, Visa and Mastercard.

Studio Policies

- Prior to any sessions, the Waiver of Liability must be completely filled out and signed.
- Please be courteous and quiet while sessions are in progress.
- We kindly ask that you turn off your cell phone or leave your device in your vehicle before entering the studio, to avoid interruptions during sessions.
- Please arrive with ample time to get prepared for your lesson.

*"I have read the above policies and fully understand their contents
and voluntarily agree to the terms and conditions stated above."*

➤ Please sign: _____ Date _____

Thanks for coming!



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Indemnification Agreement and Covenant not to Sue

NOTICE: THIS IS A LEGALLY BINDING CONTRACT: In consideration of my being permitted by Pilates Island Studio to utilize its facilities and/or participate in any program offered by Pilates Island Studio, I agree to the following waiver and release and I make the following representations:

please check all boxes:

- I AM IN GOOD HEALTH and have no physical limitation that would affect my ability to practice Pilates and use the studio. I agree to pay attention to the state of any equipment I may use, and to advise staff members if I do any damage or notice damage. Pilates Island Studio shall not be responsible or liable for any articles lost, stolen or damaged. 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 Pilates Island Studio. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program or workshop.
- I HEREBY ACKNOWLEDGE THE INHERENT RISKS IN EXERCISING.
I realize that those risks include, but are not limited to falls or contact with walls and equipment, sprains, muscle injuries, and freakish accidents that cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities, and I agree that said list in no way limits the extent or release of this release.
- I VOLUNTARILY ASSUME ALL SUCH RISKS WITH FULL KNOWLEDGE AND appreciation of the risk involved. I voluntarily agree to assume all risk of personal injury that may occur while I am at the studio or participating in any event or program anywhere at any time, whether or not I am under supervision of Pilates Island Studio personnel. I hereby knowingly and intentionally waive and release, and agree to indemnify, hold harmless and defend Pilates Island Studio, its successors, assigned officers and employees and agents from all liability for any damage, injury, paralysis or death which may result. This release shall be effective even though said loss, damage or injury results or has resulted from the negligence, wrongful acts, omissions, breach of warranty or strict tort liability of Pilates Island Studio or the other parties released.
- HEIRS, MY LEGAL REPRESENTATIVES AND I FOREVER RELEASE AND WAIVE any liabilities against Pilates Island Studio and its instructors for any injury or death incurred by my voluntary participation in this class, workshop or activity.

➤ initial: _____



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Indemnification Agreement and Covenant not to Sue

- I AM AWARE THAT TACTILE CUEING IS NORMAL WHEN TEACHING PILATES and I hereby acknowledge that an instructor may need to make physical contact with me in order to correct my exercise technique or provide instruction. I acknowledge and accept that such contact is intended to be professional and I give full consent.
- I AM AT LEAST 18 YEARS OF AGE AND OTHERWISE LEGALLY COMPETENT to sign this agreement. This release shall be effective and binding upon me and upon my assigns, heirs representatives, executors and administrators. I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all provisions and that I sign it of my own free will.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

➤ Signature of Participant: _____ Date: _____

Thanks again for coming!

FOR MINORS ONLY

TO BE SIGNED BY PARENT OR GUARDIAN OF MINOR UNDER THE AGE OF 18

I hereby state that I am the parent or guardian of the minor whose signature appears above. I am familiar with and consent to agree to the terms and provisions set forth in this waiver of liability indemnification agreement and covenant not to sue.

➤ Signature of Parent / Guardian: _____ Date: _____

EMERGENCY CONTACT

Name _____ Phone number: _____

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