

## WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

Name:	Telephone:	Email:
Emergency Contact:	Relationship:	
Emergency Contact Telephone:		
CANCELLATION POLICY: I unders Ferrari Pilates at least 24 hours in adv		uled appointment, I must notify my instructor at for payment in full.
advised and I understand that participatic activity or exercise program, present som medical disabilities. I understand that the	on in the Pilates method exercise and ne unavoidable risk of injury, especia e use of exercise equipment also care , including possible short-term aggra	conditioning offered by Ferrari Pilates. I have been a conditioning activities, like any physical conditioning ally to people who have preexisting injuries, illness or ries with it a risk of injury. I recognize that many changes avation of some symptoms, feeling of tiredness, light-
or will continue to keep my instructor at and sensitivities that would prevent or lin although the conditioning program I part	Ferrari Pilates fully informed of any mit my participation in an exercise of icipate in may have substantial phys	any program of physical conditioning or exercise. I have a physical and medical conditions, disabilities, limitations or physical conditioning program. I acknowledge that, sical benefits, neither Ferrari Pilates nor its instructors that dical conditions, disabilities, limitations or sensitivities.
Pertinent Physical and Medical Condition	ns, Disabilities, Limitations or Sensi	tivities:
hereby release and hold Ferrari Pilates, it claims, damages, actions and causes of a conditioning program or in any way arisi	es instructors, members, employees, ction as a result of injuries resulting ing from or relating to any physical a	ethod conditioning conducted by Ferrari Pilates and renters, trainees and contractors from any liabilities, from or relating to my participation in Pilates method and medical conditions, disabilities, limitations and lost, stolen or damaged, in or about the studio.

I also acknowledge and agree to support the following expectations from Ferrari Pilates:

- 1. I understand that the exercises involve elements of stretching, strengthening, balance training and endurance training.
- 2. I will inform my instructor of any pertinent orthopedic, pulmonary, cardiac, or other conditions that could influence my participation in the exercises.
- 3. I will participate in the exercises to my best ability, understanding that I may need to modify or eliminate exercises that are beyond my skill level or which may be inappropriate for me.
- 4. I will use equipment with which I am supervised or deemed to be proficient with by my instructor, and will observe proper etiquette when I am in Ferrari Pilates' facility.
- 5. I am responsible for session fees and will subscribe to Ferrari Pilates' fee schedule.
- 6. I will schedule appointments in advance as needed, and agree to cancel appointments I cannot attend at least 24 hours in advance. If I fail to cancel before 24 hours prior to my session, or if I fail to attend an appointment without previously canceling it, I agree to being charged the full fee of that particular session.
- 7. I agree to wear gym clothes for my sessions. I am aware that clothing with belt buckles, and certain types of jewelry are not allowed, and that strong scents may affect others attending the same sessions as myself, and agree not to wear these. I also agree to turn cell phone ringers off while in the studio.
- 8. In case of instructor illness or emergency, Ferrari Pilates will try to notify each client whenever possible.

Signature and Date		