NATURAL MOVEMENT PILATES CLIENT WAIVER AND RELEASE FORM

By signing this waiver, you agree:

That engaging in any physical activity at the Natural Movement Pilates Studio, or use of any Studio amenity on the premises or off-premises, including any sponsored Center event, is entirely at your own risk;

That any and all recommendations for changes in eating habits, including the use of food supplements, are entirely your responsibility and that you should consult a physician prior to undergoing any dietary and/or food supplement changes;

That you are voluntarily participating in these activities, and use of these facilities and premises, and that you assume any and all liability for the risk of injury, illness, or death.

That Natural Movement Pilates Studio is not responsible for any loss of your personal property; and

That this waiver and release of liability includes, without limitation, any and all injuries which may occur as a result of (A) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (B) the sudden and unforeseen malfunctioning of any equipment; (C) our instruction, training, supervision, or dietary recommendations; and (D) any slips or falls while in the Studio/Center, or on the premises, including adjacent sidewalks and parking areas;

You acknowledge that you have carefully read this form and fully understand that it is a release of liability. You expressly agree, with your signature, to release and discharge the Studio/Center, and all its affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the Studio or Center for personal injury or property damage.

NATURAL MOVEMENT PILATES

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Studio/Center, its agents and employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand and accept all the statements herein, and that this waiver and release cannot be modified orally.

SIGNATURE
TODAY'S DATE <u>mm/dd/yyyy</u>
DATE OF BIRTH mm/dd/yyyy
EMAIL
PHONE
EMERGENCY CONTACT

STUDIO POLICIES

Cancellations

You must cancel or reschedule a session appointment at least 24 hours in advance of the scheduled session to avoid being charged in full for that session. If there is a true emergency, please contact us so we can work with you on a personal basis.

Tardiness

If you arrive late, the time will be deducted from the session. Instructors are required to wait 15 minutes after your scheduled appointment time, after which time the session is subject to cancellation, and you will be charged for a full session.

Class Changes

We reserve the right to make changes to the schedule of classes at any time, and to substitute instructors at our discretion.

Booking and Payment

As of April 2020, online booking with prepayment is required for all classes. Please visit our online booking page for more information. Due to the COVID-19 pandemic and state regulations, there is no drop-in availability at this time.

Refunds

All classes, sessions and series are non-refundable. Please read the expiration policy for class packages when scheduling. If you miss a prepaid class due to injury or illness, and have notified us within 24 hours of the miss class start time, you may reschedule.

Class Changes

We reserve the right to make changes to the schedule of classes at any time, and to substitute instructors at our discretion.

Class Size

Class capacity is determined by laws and regulations of the state and city as well as our discretion, and may be changed at any time.

I have read	l and understand	the studio poli	cies outlined ab	ove.
Signature:				Date