

Omni PILATES

Waiver and Release Form A

For participation in Pilates program

By signing below, I do hereby voluntarily consent to an exercise program as outlined by the STOTT PILATES® method and the trained instructors at Omni Pilates. I, the undersigned, knowingly and voluntarily assume any and all risks of, and take full responsibility for, any personal injury, death and/or damage to personal property that may arise from services and/or products received by me in connection with Omni Pilates' certified instructors and Omni Pilates' apprentices.

I understand that STOTT PILATES® is a form of physical activity with the purpose of increasing my body awareness, core strength, balance, breath control, overall strength and flexibility, and postural alignment. The exercises may be done on the mat or with quality equipment designed for this purpose. I understand that whether I am working in a private or semi-private session, my instructor has my best interest in mind, and I will communicate if an exercise is uncomfortable at any time. I agree to listen to my instructor and heed all warnings, cautions and instructions during all workouts to ensure my safety. I understand that exercise on Pilates equipment has risks. I accept these risks and do not hold the instructor or studio responsible should any injury result in relation to the equipment.

I do not hold my Pilates instructor responsible for any physical ailments as a result of workouts in the Studio, or as a result of any exercises performed outside the studio under the recommendation of Omni Pilates.

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains, etc.) and the cardiorespiratory system (dizziness, difficulty breathing, heart strain, etc.). I hereby acknowledge and accept these risks. I agree to inform my instructor immediately should I start feeling unwell during exercise. To my knowledge, I have neither limiting physical conditions nor disabilities that would preclude any exercise program. I hereby certify that I know of no medical problem that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Omni Pilates recommends obtaining a physician's approval prior to involvement in any progressive exercise program.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I acknowledge that this is a release of all liability.

Signature: _____ **Today's Date:** _____

Name (print): _____ **Date of Birth:** _____

ACKNOWLEDGEMENT OF POLICIES AND GUIDELINES

Please review the following policies and guidelines. Acknowledge understanding by initialing to the left of each policy or guideline.

_____ It is recommended that all new clients participate in a 50 minute individual session wherein you will have a fitness assessment and your individual goals will be charted. This also gives you the opportunity to review the Principles of Pilates and practice using the equipment.

_____ All services are payable at the time or in advance and are non-refundable. Payment forms accepted are Cash, Personal Checks & Credit Cards. Payments are non-refundable and non-transferable.

_____ There is a \$30.00 fee for all returned checks.

_____ 24 hours' notice on all cancellation or re-scheduling requests is required. No exceptions other than medical emergencies. All cancellations must be made by calling instructors.

_____ Clients will receive only the scheduled session time. Late arrivals result in a shortened class period.

_____ Individual training session purchases are good for 1 month; 5 Session Packages are good for 6 weeks; and, 10 Session Packages are good for 3 months.

_____ All unused training sessions remaining upon expiration date may be added to the purchase of another similar training session package.

_____ You are encouraged to wear comfortable fitted pants or shorts designed for exercise, with t-shirts or tank tops. To use the equipment, you must wear clothes without zippers, buttons, snaps, or other pieces that could hurt you or the machine.

Please follow us on twitter & Facebook or our blog for updates, specials and schedule changes!

Name: _____ Referred by: _____

Mailing Address: _____

Telephone: _____ Email: _____

Emergency Contact: _____ Telephone: _____