

## **Rose Pilates**

### **Informed Consent / Waiver of Liability and cancellation policy**

**Cancellation Policy:** It is required that a 24 hour in advance notice is given to your instructor should you have to cancel your scheduled appointment or class, or you will be responsible for payment of that session or class in full.

I am participating in Pilates/Fitness classes and or private, duo sessions that include Pilates, spinning, mat classes' suspension training and other forms of fitness offered by Dianne Rose and/or other instructors at the Rose Pilates studio of Asheville.

This program consists of physical activity that can be strenuous including, but not limited to, body conditioning techniques. I recognize the potential risk inherent in any physical exercise and I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these Pilates/Fitness classes.

I represent and warrant that I am in good physical condition and have no medical condition which would prevent my participation in these classes or sessions. If I feel discomfort performing any given exercise, I understand that it is my responsibility to stop and inform the instructor immediately. I understand that some fitness exercises are contra-indicated for certain conditions, but not limited to osteoporosis.

I agree to assume full responsibility for my injuries or damages, know or unknown, which might occur as a result of participating in these classes or sessions.

In consideration for my admission to these classes, I agree to expressly and voluntarily waive any claim I may have against Dianne Rose, Rose Pilates of Asheville/ or any other staff member for injury or damages I may sustain as a result of my participating in these classes or sessions.

I hereby affirm that I have read and fully understand the above. This agreement shall survive indefinitely.

Agreed and Accepted:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

\_\_\_\_\_ Address: \_\_\_\_\_

Print name

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to be added to our newsletter? Yes\_\_\_ No\_\_\_