

# **Waiver of Liability, Informed Consent Release, and Cancellation Policy**

## **Duet or Group Reformer Class**

1. CANCELLATION POLICY: I understand that if I cancel a scheduled session, I must notify Proactive Core Health LLC at least **24 hours in advance** or I will be held responsible for payment for the session in full. We reserve the right to waive this policy at our sole discretion.
2. PACKAGE EXPIRATION POLICY: I understand that if I choose to buy a package of pre-paid 8 Pilates Duet or Group Reformer Sessions from Proactive Core Health LLC; **sessions must be redeemed within 12 weeks from the purchase date**. Remaining sessions that have not been used within that time will expire and be lost. Refund requests for packages not yet expired are available upon request in writing, or they may be transferred to another client at the studio.
3. I hereby certify that I am voluntarily participating in a physical conditioning and corrective exercise program based on the work of Joseph Pilates with Proactive Core Health LLC. Pilates classes include, but are not limited to Pilates mat classes, reformer sessions, equipment classes, private equipment sessions, and specialized training.
4. I hereby affirm that I am in good physical condition and do not suffer from any disabilities that would prevent or limit my participation in the program. I understand that participation in the Pilates method of exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, muscle movement patterns, illness or medical disabilities.
5. I hereby affirm that I have and will keep Proactive core Health LLC fully informed of any existing physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I will also keep them informed of any physical condition or disability arising from my participation in the exercise program. I certify that I understand the potential risks of the program after having had the opportunity to inquire in detail regarding all aspects of the program and do have all questions with regard to the program satisfactorily answered, including physiological changes that can occur.
6. I hereby affirm understanding that I am participating in a exercise and wellness class with a physical therapist but am not in fact receiving physical therapy.
7. I agree to release from all liability Proactive Core Health LLC against all claims, actions, judgements, costs, expenses, and demands with respect to injury, loss, death, or damage to my personal or property in connection with my taking part in the above stated program. It is understood and agreed that this agreement is to be binding.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

**Please see back side of page**



**Do you have a history of:** (please circle all that apply)

\*Back pain \*Neck pain \*Hernia \*Osteoporosis or Osteopenia \*Diabetes \*High blood pressure

\*C-section \*Abdominal Surgery \*Sciatica/Pinched nerve \*Scoliosis \*Peripheral Neuropathy

\*Hamstring/quadriceps tightness \*Neck surgery \*Low back surgery \*Migraines/Headaches

\*History of cancer + chemo/radiation treatments – please list below

\*Any other surgeries – please list below

Any other conditions which may preclude you from performing the exercises. Please explain:

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Occupation: \_\_\_\_\_

# Days/week work: \_\_\_\_\_ Hours/week work: \_\_\_\_\_

Job Requirements: Lifting (Ave amount): \_\_\_\_\_

Percentage of Day: Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_ or Walking: \_\_\_\_\_

For standing jobs: Concrete Mats Carpet All (circle all that apply)

Office Jobs - please describe desk set-up (ie: sitting, standing, variable desk height, phone headset, length of time you sit consecutively)

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Current Exercise/Activity Routine

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Hobbies (ie: travel, vacation, reading)

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What are your personal goals with taking Pilates?

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**I have read the above policies and I do consent to participate in Pilates training.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_