Pilates Detroit Liability Waiver

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with Streamline Pilates and Rehabilitation, LLC DBA Pilates Detroit (herein after Pilates Detroit). I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program or workshop. I recognize that this class and/or session will require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I hereby give my consent to receive virtual therapy from Pilates Detroit, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility. I acknowledge that my receipt of the services from Pilates Detroit, may result in bodily injury or death. My decision to receive services from Pilates Detroit, is voluntary, and I know of, understand and assume any and all the risks associated therewith. This waiver includes knowledge that my image may appear in a virtual setting and platform and consent to such use. In exchange for receiving services from Pilates Detroit, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless Pilates Detroit, its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Pilates Detroit, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me. I acknowledge that I have read, and understand, the release and indemnification provisions set forth in the preceding paragraph, and agree to such terms.

Name: _____   Date: _____

Signature of Participant: _____

If participant is under the age of 18, as legal guardian of name of Minor:_____

I consent to the above conditions.

Signature of Parent/Guardian of participant:_____

Cancellations and Policies Please provide a minimum of 24 hours notice for cancelled appointments. As a sole proprietor and locally owned business, I pride myself on offering the best instruction and attention to detail. I keep my appointment availability limited so that I can offer each client 100% of my time and attention during their respective session. If you need to miss your reserved session time, please provide a minimum of 24 hours notice of your cancellation, this will allow me to offer your scheduled spot to another client and avoid charging you for a late cancelation. I also understand emergent situations arise, and I promise to be considerate of a personal emergency. I appreciate your understanding on this matter and your commitment to your own wellness. 24-hour notice of cancellation is required to avoid being charged for appointments. Late cancellations and no-shows for mat classes will be charged the full amount of the scheduled session. Less than 24 hours notice for a private session will result in a $45 fee or forfeit of the session per the instructor's discretion. If you wish to cancel your duet session, you must not only notify me, but you must also give your partner 24 hours notice so that they may opt to either cancel or keep the scheduled appointment time and upgrade to a private session. Failure to do so will result in your forfeiting your session. Prior to any training session, a Waiver of Liability must be completely filled out and signed. Sessions are 30-55 minutes. Sessions will begin and end promptly as scheduled. Regardless of arrival time, sessions will end at the scheduled time.