



## **PILATES STUDIO POLICIES & RELEASE OF LIABILITY**

### **Cancellation/No Show Policy**

Clients who “no-show” or cancel a Pilates session with less than 24 hours notice will be charged for the session. Exceptions for emergent situations may be made.

### **Package Expiration**

Pilates packages expire 4 months from date of purchase or the date the first session on the package is used, whichever comes first.

### **Credit Card On File Policy**

Elizabeth Rogers Pilates & Physical Therapy, PLLC requires that all clients authorize us to keep a credit card on file to use for your Pilates package as applicable. By signing the form below, you authorize us to charge your credit card on file for a new Pilates package the day you use the first session of your next Pilates package. You also authorize us to charge your credit card on file for any and all remaining amounts owed at the conclusion of your services with us. If your credit card payment is declined for any reason, you agree to provide another form of payment upon request.

I understand that this authorization will remain in effect until all services are paid or I request this authorization is cancelled. I acknowledge that I am responsible for making this request in writing.

I acknowledge that I will receive a receipt for each charge made and that no further notification is required to charge my credit card on file for Pilates services.

### **Informed Consent And Release of Liability**

The undersigned hereby voluntarily consents to participate in a Pilates conditioning program that will include strengthening, stretching, coordination, stabilization, breathing, and balance exercises. The undersigned should be aware that Pilates is physically demanding and may be contraindicated with some medical conditions and injuries.

It is understood that prior to beginning the described Pilates conditioning program, a physician's consent should be obtained where there are pre-existing orthopedic injuries, Osteoporosis, heart, blood pressure or other cardiovascular problems.

This Pilates conditioning program is general in nature. It is not meant to address specific medical or musculoskeletal conditions or injuries. This Pilates conditioning program is distinctly separate from the physical therapy services we provide. If you have injuries or conditions that need treatment, you are advised to schedule a physical therapy appointment.

Participation in this Pilates conditioning program is voluntary and I understand that my exercise level will be based on my current fitness status and physical abilities. The exercises are designed to gradually increase the work load on the musculoskeletal and cardiovascular systems, thereby



improving their functions. As with any other exercise program, there is the risk of abnormalities of blood pressure and heart rate, and in rare incidences heart attack or heart failure, injury or death.

In consideration of my acceptance as a participant in such activities, I state that I have read and fully understand the description of the activities and the risks associated with participation, and I expressly waive, release and discharge Elizabeth Rogers and Elizabeth Rogers Pilates and Physical Therapy, PLLC, and any independent contractors, officers, directors, employees, substitutes, agents and successors from any obligations, liabilities, claims, demands, costs and expenses, including attorney fees arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the Pilates conditioning program.

Any questions have been answered to my satisfaction. I hereby affirm that I have read, fully understand, and accept the above.

**I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE POLICIES.**

*This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability and admissibility purposes.*

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Patient or Parent/Guardian Signature if Patient is a Minor

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Date