



2301 Park Ave., Suite 302
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WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

You (the client) agree that if you engage in any physical exercise, class, or activity, you do so at your own risk. You agree that you are voluntarily participating in activities and assume all risk of injury or illness. You agree to release and discharge LifeBalance Studio from any and all claims or causes of action (known or unknown) arising out of my negligence. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert claim against me for my negligence. You (the client) also understand that a medical evaluation is advisable before commencing any program of physical condition or exercise. I have or will continue to keep LifeBalance Studio fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise of physical condition program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither LifeBalance Studio nor its employees are engaged in diagnosing or treating medical disease or deficiencies.

CLIENT'S SIGNATURE: _____ DATE: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation of these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE: (required) _____

DATE: _____ EMERGENCY PHONE: (required) _____

RULES AND REGULATION FOR PILATES SESSIONS

The expiration policy request completion of an average of one session per week from the date of purchase. You may reschedule a workout session one day (12) hours before the scheduled session without penalty. Within that time you must pay for that session. Unless arrangements have been made with the instructor, client arriving late will only receive the remaining scheduled time for their session. A "no show" will be charged for the session. No refunds. Classes may be cancelled for low attendance.

CLIENT'S SIGNATURE: _____ DATE: _____

CANCELLATION POLICY:

I UNDERSTAND THAT IF I MUST CANCEL A SCHEDULED APPOINTMENT, I MUST NOTIFY LIFEBALANCE STUDIO AT LEAST 12 HOURS IN ADVANCE OR I WILL BE HELD RESPONSIBLE FOR PAYMENT IN FULL.

CLIENT'S SIGNATURE: _____ DATE: _____