



CANCELLATION POLICY

Propel Pilates has a strict 24 hour cancellation policy. Should you cancel your scheduled appointment (for any reason) without 24 hour notice, you will be charged for your session in full.

Initial: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in Health and Fitness Classes, Programs or Workshops offered by Propel Pilates and Fitness during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health and Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Classes, Programs or Workshops.
3. In consideration of being permitted to participate in Health and Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in Health and Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Propel Pilates and Fitness for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives' forever release waive, discharge and covenant not to sue Propel Pilates and Fitness for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

PARTICIPANT'S SIGNATURE

DATE

If participant is under 18:

AS LEGAL GUARDIAN OF THE PARTICIPANT LISTED ABOVE, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

PARENT/GUARDIAN OF PARTICIPANT SIGNATURE

DATE

EMERGENCY PHONE