



PILATES INFORMED CONSENT AND LIABILITY RELEASE

(Please print) **Participant Name:** _____

PLEASE READ CAREFULLY

24-HOUR CANCELLATION POLICY:

I understand that if I must cancel a scheduled appointment or class I will notify Body Forté Rehab & Pilates 24 hours in advance or be held responsible for payment.

One complimentary /emergency Late Cancellation without penalty is allowed per calendar year for movement classes and private sessions.

Please initial: _____

PACKAGE EXPIRATION POLICY:

All packages have a six-month expiration date. Packages will not be extended. This policy is to encourage you to be consistent and to commit to your fitness and health goals.

Please initial: _____

I have been **INFORMED OF, ACKNOWLEDGE, UNDERSTAND** and **AGREE** that participation in the Body Forté Rehab & Pilates Program and related activities and events (hereafter, "the program") involves serious risk of injury including the risk of bodily injury, permanent paralysis and death. I **ACKNOWLEDGE** that while following the instructor's instructions, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

I **UNDERSTAND** that the work I receive at Body Forté Limited is provided for the purpose of exercise, relaxation, stress reduction, relief of muscular tension, and/or the balancing/aligning of the body. If I experience any pain or discomfort during this/these session(s), I will immediately inform the practitioner so that the pressure, procedure, and/or exercise may be adjusted to my level of comfort. I **UNDERSTAND** that in class situations if I feel discomfort and/or pain, I will stop and inform the instructor.

I **UNDERSTAND** and **AGREE** that it is my responsibility to consult a physician prior



to and regarding my participation in the program. I **REPRESENT** and **WARRANT** that I have and will continue to keep Body Forté Limited informed of any physical condition or disability, which would prevent or limit my participation in an exercise, physical conditioning, and/or bodywork. Because Pilates is contraindicated (should not be done) under certain medical conditions, I **AFFIRM** that I have stated all my known medical conditions and answered all questions honestly. I **AGREE** to keep the instructor updated on any changes in my medical profile and understand that there shall be no liability on the part of Body Forté Limited should I forget to do so.

I **ACKNOWLEDGE** that, although the pilates program I participate in may have substantial physical benefits, neither Body Forté Limited nor its Pilates Practitioners are engaged in diagnosing or treating medical diseases or deficiencies, nor do sessions serve as a substitute for medical diagnosis or treatment when such attention is needed.

I **RECOGNISE** that though many positive changes can occur as a result of exercise there is the possibility of negative side effects including possible short-term aggravation of some symptoms, tiredness, light-headedness, increased energy, mood changes, etc.

I HEREBY ACCEPT THE RESPONSIBILITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY RESULT FROM MY PARTICIPATION IN THE PROGRAM EXCEPT WHERE THAT HARM, INJURY OR DAMAGE IS AS A DIRECT & SOLE CAUSE OF THE PROVEN NEGLIGENCE OF BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES.

I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES FOR ANY CLAIM ARISING OUT OF ANY INJURY TO ME, EXCEPT WHERE SUCH INJURY IS CAUSED DIRECTLY AND SOLELY BY THE PROVEN NEGLIGENCE OF BODY FORTÉ LIMITED, ITS OFFICERS AND EMPLOYEES. I VOLUNTARILY AND KNOWINGLY ACKNOWLEDGE, ACCEPT AND ASSUME THESE RISKS.

I HAVE READ THIS INFORMED CONSENT AND LIABILITY RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE
(Parent or Guardian if under 18 years of age)

DATE