



## Release & Waiver of Liability Form

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Injuries or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Pilates experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thrive Pilates Studio**

408 W. Lotta Street, Sioux Falls, SD 57105 • Phone: 605-351-8786 • [www.thrivepilatessf.com](http://www.thrivepilatessf.com)



## **Policies – Payment Procedures – Guidelines**

- Training evaluations and sessions must be pre-paid prior to scheduling appointments.
- All packages, single sessions, and classes are non-refundable.
- Rate/Package price GUARANTEE of two years with CONTINUUM of training.
- All Pilates Training Packages expire one year from the date of purchase.
- All training sessions are 50-55 minutes in length.
- A 24-hour cancellation notice is required to avoid being charged for a scheduled session.
- A no-show is assumed 15 minutes past the scheduled time.
- Regardless of arrival time, sessions will end at the scheduled time.
- Pilates equipment is not to be used without your Trainers assistance.
- Instructors are not responsible for clients under the age of 18 years, before or after scheduled training sessions.
- Prior to any training session, Waiver of Liability must be completely filled out and signed.
- Please, no perfumes or colognes due to environmental sensitivities. Thank you.

**I HAVE READ THE ABOVE POLICIES – PAYMENT PROCEDURES – GUIDELINES, AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

**Signature:** \_\_\_\_\_

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