

# MeU Pilates Studio

3132 NE 3rd Avenue  
Camas, WA 98607  
360.209.5229

## Acknowledgment

I \_\_\_\_\_, have read and reviewed the following MeU Pilates Studio contracts, and I understand the various risks. I have not withheld any relevant information regarding my physical condition which may interfere with or adversely affect my sessions. I, and/or my beneficiaries/heirs, willfully release MeU Pilates Studio (the owner, and employees) from any claims, litigations, demands, and conditions resulting from my sessions with MeU Pilates Studio. I fully understand these terms, and I release any accountability, responsibility, liability, rights by signing this document(s) now and for any future incident. I fully understand that this document is a legal and binding agreement.

MeU Pilates

### Documents Reviewed

- Client Informed Consent
- Health and History Self-Profile
- Confidential Client Emergency Contacts
- Cancellation, No Show Policy
- Policy and Procedures and Equipment Review
- Acknowledgment
- Postural Assessment

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructors Signature

\_\_\_\_\_  
Date