

Waiver of liability and Cancellation Policy

I hereby agree to the following: That I am participating in physical activity (Pilates) offered by Absolute Fit , inc. operated by the name “ The Pilates Room ” during which, I will receive information and instruction personally about Pilates. I recognize that Pilates requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Pilates. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Pilates. In consideration of being permitted to participate in Pilates, 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. In further consideration of being permitted to participate in Pilates, I knowingly, voluntarily and expressly waive any claim I may have against Absolute Fit , inc. (The Pilates Room) for injury or damages that I may sustain as a result of participating in the program. I, my heirs, or legal representatives, forever release waive, discharge and covenant not to sue Absolute fit , inc. (The Pilates Room) for any injury or death caused by their negligence or other acts. I am over 18 years of age. 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. I agree with the above terms. *

Yes

I understand if I need to cancel a scheduled session, I must notify Absolute Fit Inc. at least 24 hours in advance or I will be held responsible for that session's charge.

Yes

Your name * _____

Today's date * _____