

ELEVATED MOVEMENT

holly@elevatedmovement.org

209-915-8945

CLIENT INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Emergency Contact Name and Phone Number _____

POLICIES AND INFORMATION

Please X each bullet and sign at the bottom.

- Full Payment of single sessions or packages is due for session.
- There are no reimbursements for missed sessions.
- All sessions must be scheduled at least 24 hours in advance.
- Clients should wear close-fitting clothes so that instructors can observe muscular, joint, and bone alignment.
- A \$25 fee will be applied to any checks that have been returned.
- All instructors of Elevated Movement are independent contractors, and are not employees of Elevated Movement.
- Any recommendations made by instructors of Elevated Movement do not take the place of a doctor's diagnosis.
- Please keep instructors of Elevated Movement promptly informed about any changes in your health or any discomfort associated with your sessions.
- It is always a good idea to consult with your physician before starting any exercise regime. Elevated Movement would be happy to speak with your physician to discuss any special conditions or contraindications.
- If you are ever disappointed by your session, please inform Elevated Movement by phone or email at your earliest convenience.

I have read the above policies. I fully understand and agree to them.

Signature _____ Date _____

Print Name _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Agreement Release and Waiver of Liability

In consideration of the opportunity to participate in Pilates by an instructor of Elevated Movement, I agree as follows:

1. I understand and acknowledge that Pilates is a strenuous physical activity involving the risk of physical injury and I have taken all steps necessary to learn of any physical impairment(s) that would limit or affect my safe participation. I also understand and acknowledge that the social and economic losses which can result from those risks and dangers can be severe and that not all such risks and dangers resulting from all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program.
2. I agree to take appropriate precautions for my own safety and that of others when participating in the program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.
3. I hereby release, waive and discharge Elevated Movement, it's instructors, assistants, officials, volunteers, officers, directors, agents, and employees from any and all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury or damage to property, arising out of my participation in the program, whether on Elevated Movement premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.
4. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I may suffer as a result of participation of Pilates private sessions with Elevated Movement and all other persons mentioned in Paragraph 3.
5. I understand that this release, waiver, and agreement to indemnify and hold harmless includes, but it not limited to damages which are caused, or alleged to be caused, in whole or in part by the negligence of Elevated Movement, and the individuals listed in Paragraph 3.

I have read the above agreement of release and waiver of liability. I sign this agreement voluntarily.

Signature _____

Date _____