



## Informed Consent / Waiver of Liability

**CANCELLATION POLICY: It is requested that at least 24 hours in advance is given to your instructor should you have to cancel your scheduled appointment, or you will be responsible for payment in full.**

I am participating in Pilates / Fitness classes offered by Dianne Rose and /or other staff at the Rose Pilates Studio of Asheville. This program consists of physical activity that can be strenuous including, but not limited to, body conditioning techniques. I recognize the potential risk inherent in any physical exercise and I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these Pilates / Fitness classes. I represent and warrant that I am in good physical condition and have no medical condition, which would prevent my participation in these classes. If I feel any discomfort performing a given exercise, I understand that it is my responsibility to stop and inform the instructor immediately. I understand that a general open Pilates mat class is contra-indicated for certain conditions, including but not limited to osteoporosis.

I agree to assume full responsibility for my injuries or damages, known or unknown, which I might incur as a result of participating in these classes.

In consideration for my admission to these classes, I agree to expressly and voluntarily waive any claim I may have against Dianne Rose, Rose Pilates / or other staff for injury or damages I may sustain as a result of my participating in these classes.

I hereby affirm that I have read and fully understand the above. This agreement shall survive indefinitely.

Agreed and Accepted:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

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

Address:

\_\_\_\_\_

\_\_\_\_\_

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

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