

PINECREST PILATES (CORE CONTROL INC.)

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I UNDERSTAND THAT IF I MUST CANCEL A SCHEDULED APPOINTMENT, I MUST NOTIFY PINECREST PILATES AT LEAST 24-HOURS IN ADVANCE OR I WILL BE HELD RESPONSIBLE FOR PAYMENT IN FULL.

I HAVE ENROLLED IN A PROGRAM OF INSTRUCTION IN THE PILATES METHOD OF PHYSICAL CONDITIONING OFFERED BY PINECREST PILATES AND YOGA. I HAVE BEEN ADVISED AND I UNDERSTAND THAT PARTICIPATION IN PILATES METHOD EXERCISE AND CONDITIONING ACTIVITIES, LIKE ANY PHYSICAL CONDITIONING ACTIVITY OR EXERCISE PROGRAM, PRESENTS SOME UNAVOIDABLE RISK OF INJURY, ESPECIALLY TO PEOPLE WHO HAVE PRE-EXISTING INJURIES, ILLNESS OR MEDICAL DISABILITIES. I UNDERSTAND THAT THE USE OF EXERCISE EQUIPMENT ALSO CARRIES WITH IT A RISK OF INJURY. I RECOGNIZE THAT MANY CHANGES MAY OCCUR AS A RESULT OF EXERCISE LESSONS, INCLUDING POSSIBLE SHORT-TERM AGGRAVATION OF SOME SYMPTOMS, FEELINGS OF TIREDNESS, LIGHT-HEADEDNESS, INCREASED ENERGY, MOOD CHANGES, ETC. _____ (INITIAL)

I ALSO UNDERSTAND THAT A MEDICAL EVALUATION IS ADVISABLE BEFORE COMMENCING ANY PROGRAM OF PHYSICAL CONDITIONING OR EXERCISE. I HAVE OR WILL CONTINUE TO KEEP PINECREST PILATES FULLY INFORMED OF ANY PHYSICAL CONDITION OR DISABILITY, WHICH WOULD PREVENT OR LIMIT MY PARTICIPATION IN AN EXERCISE OR PHYSICAL CONDITIONING PROGRAM. I ACKNOWLEDGE THAT, ALTHOUGH THE CONDITIONING PROGRAM I PARTICIPATE IN MAY HAVE SUBSTANTIAL PHYSICAL BENEFITS, NEITHER PINECREST PILATES NOR ITS EMPLOYEES ARE ENGAGED IN DIAGNOSING OR TREATING MEDICAL DISEASE OR DEFICIENCIES. _____ (INITIAL)

IF I HAVE ENROLLED IN A PROGRAM OF PILATES METHOD CONDITIONING WHICH IS TO BE CONDUCTED BY A PILATES METHOD STUDENT INTERN, I HAVE BEEN ADVISED THAT THE STUDENT INTERN CONDUCTING THE PROGRAM HAS NOT COMPLETED THE FULL REQUIREMENTS FOR CERTIFICATION TO TEACH THE PILATES METHOD. I UNDERSTAND THAT BECAUSE THE STUDENT INTERN HAS RELATIVELY LIMITED KNOWLEDGE AND EXPERIENCE WITH THE PILATES METHOD, THE RISK OF INJURY MAY BE GREATER. _____ (INITIAL)

I EXPRESSLY ASSUME ALL RISKS OF MY PARTICIPATION IN THE PROGRAMS OF PILATES METHOD CONDITIONING CONDUCTED BY PINECREST PILATES AND WAIVE ANY CLAIM WHICH MIGHT OTHERWISE BRING AGAINST PINECREST PILATES (CORE CONTROL INC.) ITS OFFICERS, SHAREHOLDERS, EMPLOYEES, TRAINEES AND CONTRACTORS AS A RESULT OF INJURIES RESULTING FROM OR RELATING TO MY PARTICIPATION IN PILATES METHOD CONDITIONING PROGRAMS. _____ (INITIAL)

PINECREST PILATES SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY ARTICLES LOST, STOLEN, OR DAMAGED IN OR ABOUT THE STUDIO.

I UNDERSTAND THAT APPARATUS CLASSES REQUIRE PRIOR EVALUATION OF MY FITNESS LEVEL AND THAT I MAY BE RESPONSIBLE FOR ATTENDING AT LEAST ONE PRIVATE SESSION.

PINECREST PILATES IS A TRAINING FACILITY FOR INTERNS AND APPRENTICES. FROM TIME TO TIME TRAINEES MAY OBSERVE CLASSES AND VIDEOTAPES MAY BE MADE. THIS IS SOLELY FOR THE PURPOSE OF THE TRAINING PROGRAM.

IN THE CASE OF TEACHER ILLNESS OR EMERGENCY, ANOTHER PINECREST PILATES TEACHER WILL BE AUTOMATICALLY SUBSTITUTED. WE WILL TRY TO NOTIFY EACH CLIENT WHENEVER POSSIBLE.

SIGNATURE

DATE