

SYMMETRY

pilates studio, llc.

I subscribe to and accept the following:

SYMMETRY PILATES Studio shall not be liable for any damages arising from any personal injuries sustained by a guest or a client on or about the premises of SYMMETRY PILATES Studio. A guest or a client, in attending SYMMETRY PILATES Studio and using its facilities and equipment, does so at his/her own risk. A guest or a client assumes full responsibility for any injuries or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release and discharge SYMMETRY PILATES Studio, its owners, employees and agents from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of a client's or a guest's use or intended use of SYMMETRY PILATES Studio's facilities and equipment.

I warrant, represent and agree that I am in good physical condition and have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or that will be detrimental or inimical to health, safety, comfort, or physical condition if I do so engage or participate SYMMETRY PILATES Studio shall not be liable for the loss or theft of, or damage to, the personal property of a guest or a client.

I agree to keep and obey all the rules and regulations now in force or prescribed by SYMMETRY PILATES Studio for the use of its facilities and equipment,

Terms and conditions of sessions:

All prepaid sessions are fully transferable but not refundable. Please keep your account in good standing. If your account is in arrears, you will not be permitted to book further sessions.

I understand that SYMMETRY PILATES requires twenty-four (24) hours notice for any change or cancellation. I will be billed for any session booked if twenty-four (24) hours notice is not given. Credit cards will be maintained on a secure network for payment purposes.

please print

name: _____ birth date: _____

address: _____

city: _____ state: _____

postal/zip code: _____ email: _____

telephone home: _____ business: _____

referred by: please specify friend: _____ health professional: _____ internet: _____

media/print ad: _____ other (please specify): _____

date: _____ signature: _____