Pilates by Vanessa

Terms & Conditions

Client Name (please print): _____

The undersigned hereby indicates that s/he is financially responsible for payment of Pilates sessions on the day of the appointment. In addition, s/he agrees to the terms listed below:

Cancellations:

If you have to cancel a scheduled appointment, you must provide Vanessa Bishop with ***24- hour notice***, otherwise you are responsible for payment of your session. Sessions are non-refundable. A late cancellation requires a payment of full session price and will be due at the time of scheduled appointment.

Returned Checks:

A $25.00 service charge will be added on all returned checks.

Signature: _____ Date: _____

Waiver of Liability Informed Consent:

I understand that I, _____(print name), will be participating in a fitness program, by Vanessa Bishop, that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury associated with any fitness program. Consequently, I was asked by Vanessa Bishop whether I have any physical or mental limitations, or whether I am taking any medication or receiving medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation other than those I have written on the attached sheet.

I understand that by signing this statement I am agreeing not to hold Vanessa Bishop for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through Vanessa Bishop. As such, I understand and agree that Vanessa Bishop shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Vanessa Bishop.

Signature: _____ Date: _____