



Client Waiver of Liability / Informed Consent

I hereby affirm that I am in sound physical condition and able to participate in a physical exercise program which may be rigorous at times. I recognize that participation in these programs of exercise is voluntary on my part, and that there are inherent risks which I hereby assume for myself, my heirs, and assigns. I recognize that many changes may occur as a result of these exercise sessions, including possible short-term aggravation of some symptoms: feelings of lightheadedness, increased energy, mood changes, etc.. Pilates of Greenville, LLC, and/or Clare Dillon-Palma, and/or Independent Contractors shall not be liable for any injuries or damages to any participant, or the property of any participant, or be subject to any claim, demand or injury, or damages whatsoever, including without limitation, those damages or injuries resulting from acts of negligence for the part of Pilates of Greenville, LLC, Clare Dillon-Palma, and/or Independent Contractors.

In consideration of my acceptance as a participant in such activities, I expressly waive, release and discharge Pilates of Greenville, LLC, Clare Dillon-Palma, Independent Contractors, officers, directors, employees, substitutes, agents and successors, from any obligations, liabilities, claims, demands, costs, and expenses, including attorney fees, arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the exercise program, workshops, and certification programs.

I hereby affirm that I have read, fully understand, and accept the above.

Signature _____ Date: ____ / ____ / ____

Print Name _____

Witness (By Your Pilates Instructor) _____

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Address _____

Phone (H) _____ (W) _____

(Cell) _____ Date of Birth ____ / ____ / ____

E-Mail Address _____

pilatesofgreenville.com

12-A Clarendon Avenue, Greenville, SC 29609 864-242-1227 Ext. 1



Thank you for your interest in Pilates of Greenville at Body by Bobo.

Please indicate the Introductory Mat Class you are registering for:

___Monday & Wednesday _____, _____

The fee for the 6 session class is \$85.00.

Make checks payable to Pilates of Greenville.

A minimum of six is required for the class to be held.

Please complete the attached paperwork and return it with payment:

1. By mail to: Pilates of Greenville
12 Clarendon Ave
Greenville, SC 29609

or

2. Bring it to: Body by Bobo
730 S. Pleasantburg Dr
Greenville, SC 29607

We look forward to working with you and sharing the benefits of Pilates!!!



CANCELLATION POLICY

No shows and cancellations less than 24 hours will be charged a full session fee. This applies to individual sessions, duo sessions, trio sessions, and mat classes. Please make changes to your schedule at least 24 hours in advance to allow the time slot to be filled.

Discount mat class cards (10 classes) will expire in 120 days (4 months) from the date of purchase.

I have read and agree to the above policy conditions.

_____ Date: ____ / ____ / ____
Signature

_____ Date: ____ / ____ / ____
Witness (By Your Pilates Instructor)