

Name	
that these exercises may be strenuous at tim physically fit and able to participate. I agree limits, and for any injury that I might suffer w to ensure that there are no medical reasons acknowledge that I am assuming full risk o	ICE is here to work with me in the Pilates Method of fitness. I recognize nes. By participating in any of these exercises, I acknowledge that I am to take full responsibility for my level of fitness, for not exceeding my hile doing any Pilates exercise. I understand that it is my responsibility that would restrict or prevent my participation in the Pilates Method. I of injury and I waive any claim that I might have at any time against ntity employed by or in anyway involved therewith, for any injury that I
I have carefully read the above release and for	ully understand and agree to it.
Signature	Date
lf under 18 years of age: as legal guardian of	f, I consent to the above conditions.
Signature	Date
Policies: Please initial that you have read and	d understand our studio cancellation and expiration policies.
	vate sessions must be cancelled at least 24 hours in advance in order BODIES IN BALANCE Apparatus Classes must be cancelled at least 12
semi-private session for 8:00 am on Tuesda	narged for your session. For example, if you have booked a private or ay, you must cancel the appointment by 8:00 am on Monday. Please need to cancel your session. We appreciate your cooperation.
Cancellation Policy	

Expiration	Session Packages	Class Packages
2 Months	3 Private Introductory	
3 Months	10 Private Sessions 10 Semi-Private Sessions	10 Apparatus Classes 10 Mat Classes
6 Months	20 Private Sessions 20 Semi-Private Sessions	20 Apparatus Classes 20 Mat Classes