



RELEASE AND WAIVER

I, _____ voluntarily desire to participate in the physical fitness programs offered at Harmony Pilates Studio, Inc. located at 219 N. Salem St., Suite 103, Apex, NC, 27502, for the purpose of relief of muscle tension, physical conditioning and toning, body realignment, cardiovascular strengthening, and reducing stress and agree and understand the following:

1. I understand and assume full responsibility while voluntarily participating in any training class at my sole risk and shall abide by any rules and regulations for us of the facility which may be adapted from time to time by its owner or by HPS, Inc.
2. I am aware and assume all risk for the possibility of certain conditions occurring during or following training and/or exercise. These conditions may include but are not limited to: mild or light-headedness, fatigue or increased energy, abnormalities in blood pressure and/or heart rate, nausea, mood changes, and in some rare cases, heart attack and stroke. If I experience any discomfort or pain, I will stop and inform my instructor immediately.
3. I understand that it is strongly recommended and my full responsibility that I receive medical clearance from my physician prior to starting this or any exercise training program. I will make it my responsibility to inform HPS, Inc. of any changes in my health condition that could prevent or limit my participation or continuation as they occur.
4. I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk, and agree to HOLD HARMLESS AND INDEMNIFY HPS Inc. AND its directors, officers, employees, volunteers, independent contractors, and agents from all claims, costs, damages, judgments, or liability resulting from my use of the property, facilities and services of HPS Inc. and to reimburse them for any expenses incurred in investigating and defending all claims or suites.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE ABOVE CONDITIONS

Client's Signature: _____ Date: _____

Parent or Guardian if under 18: _____ Date: _____

24 HOUR CANCELLATION POLICY

I am aware that if I do not cancel my class or private appointment before 3pm on the day previous to my appointment, I will be responsible for payment in **full**.

Client's Signature: _____ Date: _____