



## **CLIENT RELEASE**

1. I, \_\_\_\_\_, wish to participate in the exercise program offered by ICN Pilates. I understand there are inherent risks in participating in a program or strenuous exercise. I am aware of my responsibility to consult with my personal physician regarding my medical fitness level to engage in strenuous exercise. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the participating facility and the fitness trainer for any and all injuries while following the training program provided me. I agree that ICN Pilates shall not be liable or responsible for any injuries to me resulting from my participation in the exercise program (whether at home, health club, corporate, commercial residential or other fitness facility); and I expressly release and discharge ICN Pilates, its owner, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators, or assigns may have or claim to have as a result or any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators, and assigns.  
I have read and understand this term: \_\_\_\_\_ (initial)
2. I certify that the answers to the questions in the medical release form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "YES" to any of the questions on the medical form.  
I have read and understand this term: \_\_\_\_\_ (initial)
3. I understand that it is my responsibility to inform my trainer of any conditions of changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.  
I have read and understand this term: \_\_\_\_\_ (initial)
4. I understand that should I feel light headed, faint, dizzy, nauseated, or experience pain that I am to stop the activity and inform my trainer.  
I have read and understand this term: \_\_\_\_\_ (initial)
5. I understand that all sessions are one hour long and should I arrive late there is no guarantee I will receive the full session with my trainer.  
I have read and understand this term: \_\_\_\_\_ (initial)
6. I understand that ICN Pilates bills it clients on a pre-pay basis. Once the number of sessions is determined payment must be made before the sessions are conducted.  
I have read and understand this term: \_\_\_\_\_ (initial)
7. I understand that ICN Pilates works on a scheduled appointment basis and thus requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with more than 24 hours notice given. Should I cancel a session with less than 24 hours notice, I will then be charged for that session.  
I have read and understand this term: \_\_\_\_\_ (initial)
8. I understand that all sessions are non-refundable, but are transferable. I also understand that all sessions must be redeemed within 6 months of purchase.  
I have read and understand this term: \_\_\_\_\_ (initial)

I have read and understand all of the above terms. I sign voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date