

BALANCE, LLC

2123 Staples Mills Road, Richmond, Virginia 23230

Waiver of Liability and Informed Consent Release

I have enrolled in a program instruction in either a pilates-based or yoga-based method of physical conditioning offered by Balance, LLC. I have been advised and I understand that participation in pilates-based or yoga-based exercise and conditioning activities, like any physical conditioning or exercise program, presents some unavoidable risk of injury, especially to people who preexisting injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including possible and short-term aggravation of some symptoms, feeling of tiredness, lightheadedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Balance, LLC fully informed of any physical problems that I may now or develop in the future. I acknowledge that, although the conditioning program I participate in may have substantial benefits, neither Balance, LLC nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs offered by Balance, LLC and waive any claim I might otherwise bring against Balance, LLC, its officers, directors, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in their condition programs and classes.

I understand that pilates mat, and apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Balance, LLC shall not be responsible or liable for any articles lost, stolen or damaged in or about the studio.

CANCELLATION POLICY

I understand that if I must cancel a scheduled private or semi-private appointment, I must notify Balance, LLC at least 24 hours in advance or I will be held responsible for payment in full.

Name (please print)

Signature (guardian if under 18 years old)

Date