

Agreement and Release of Liability

This agreement is between _____ and K Pilates, its owners, employees, contractors and affiliated persons and organizations (collectively referred to as "Kendra Jordan Pilates, LLC")

In consideration for fitness instruction and the method evolved by Joseph H. Pilates , I make the following statements and promises:

I understand that Pilates, as with any sport, could lead to physical injury and I personally assume risk of all injury. I understand that all reasonable efforts will be made to ensure my physical safety. _____*

I understand that the equipment used in the Pilates System can be dangerous if used improperly and I will follow the strict instructions of the instructor with respect to all use of the equipment. _____*

I agree that I, my heirs, legal representatives and assigns, will not make a claim or initiate any suit against K Pilates for any injury or damage resulting from my participation in fitness instruction. I agree to hold K Pilates harmless from any injury I receive from my participation in Pilates exercise programs. _____*

I agree not to compete with Kendra Jordan Pilates, LLC at any time during or after my completion of the teacher training program. Specifically, I agree NOT to operate, own or initiate a similar Pilates-based business within a 9 mile radius of Kendra Jordan Pilates, LLC at 3514 N. Power Rd, Mesa, AZ 85215. _____*

If I am pregnant, or if I become pregnant, I will discontinue the training until I receive written consent from my doctor. _____*

Studio Policies

I am aware that K Pilates reserves the right to terminate any trainee for conduct that violates studio policies or displays flagrant, unprofessional conduct. In the event of termination I understand that *tuition* will be refunded on a pro-rated basis. _____*

I am aware that there is a 24 hour cancellation fee policy and that I will be charged the full session fee for all appointments cancelled less than 24 hours prior to the scheduled appointment. _____*

I understand that deposits are non refundable. _____*

I understand that teachers are subject to change due to scheduling or emergencies and that I am still responsible for keeping my clients' appointments by way of teacher replacements. _____*

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between K Pilates and myself and I sign it of my own free will.. _____*

Name _____ Date _____

Signature _____