



PARTICIPANT RELEASE/WAIVER OF LIABILITY

I, _____, wish to participate in the exercise/pilates/yoga/physical/occupational therapy program offered by Stability Pilates and Physical Therapy of Atlanta, LLC. 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 right and claims for damages I may have against the participating facility and the fitness/wellness/healthcare professional for any and all injuries while following the training program provided me. I agree that Stability Pilates and Physical Therapy of Atlanta shall not be liable or responsible for any injuries to me resulting from my participation in the exercise program (whether at home, corporate, commercial residential or other fitness facility); and I expressly release and discharge Stability Pilates and Physical Therapy, its owners, 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.

I have read and understand this term: _____ (initial)

I understand that it is my responsibility to inform my instructor/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)

CANCELLATION POLICY

I, _____, understand that Stability Pilates and Physical Therapy of Atlanta, LLC, works on a scheduled appointment basis and thus requires that I provide 24 hours notice when cancelling an appointment. NO charge will be levied should I cancel with more than 24 hours notice. Should I cancel an appointment with less than 24 hours notice, I understand that Stability will charge for that session unless it can be filled. Should I arrive late there is no guarantee I will receive the full session with my instructor/trainer/therapist.

I have read and understand this term: _____ (initial)

PLEASE PRINT, COMPLETE AND RETURN TO STABILITY



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