



## CANCELLATION POLICIES

**ALL SESSIONS AND CLASSES ARE 50 MINUTES. SESSIONS WILL BEGIN AND END PROMPTLY AS SCHEDULED.**

- REGARDLESS OF ARRIVAL TIME, SESSIONS WILL END AT THE SCHEDULED TIME.
- 24-HOUR NOTICE OF CANCELLATION IS REQUIRED TO AVOID BEING CHARGED FOR APPOINTMENTS AND CLASSES. PLEASE CALL, E-MAIL AND/OR TEXT TEACHER DIRECTLY.
- LATE CANCELLATIONS AND NO-SHOWS WILL BE CHARGED THE FULL AMOUNT OF THE SCHEDULED SESSION.
- IN CASE OF LAST-MINUTE TEACHER ILLNESS OR EMERGENCY, WE WILL MAKE EVERY ATTEMPT TO KEEP YOUR APPOINTMENT TIME BY BOOKING YOU INTO ANOTHER INSTRUCTOR'S SCHEDULE. IF YOU DO NOT WISH TO EXERCISE THIS OPTION, PLEASE LET YOUR TEACHER KNOW IN ADVANCE SO THAT WE MAY CONTACT YOU TO CANCEL.

### **PURCHASE POLICIES**

- PRIVATE AND SEMI-PRIVATE PACKAGE CARDS EXPIRE 12 MONTHS AFTER ACTIVATION. SPECIAL PROMOTIONS AND PACKAGES MAY HAVE UNIQUE EXPIRATION DATES. ALL PURCHASES ARE NON- REFUNDABLE AND NONTRANSFERABLE.
- PRIOR TO ANY TRAINING SESSION, A WAIVER OF LIABILITY MUST BE COMPLETELY FILLED OUT AND SIGNED.
- KINDLY ASK THAT YOU TURN OFF YOUR CELL PHONE BEFORE ENTERING THE STUDIO
- PLEASE REFRAIN FROM WEARING SCENTS OR PERFUME TO SESSIONS.

**I HAVE READ THE ABOVE POLICIES AND FULLY UNDERSTAND THEIR CONTENTS.  
I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

**PLEASE SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I WILL RECEIVE INFORMATION AND INSTRUCTION WHILE PARTICIPATING IN THE CLASS, HEALTH PROGRAM OR WORKSHOP OFFERED BY ARROWS PILATES LLC. I RECOGNIZE THAT THIS SESSION WILL REQUIRE PHYSICAL EXERTION, WHICH MAY BE STRENUOUS AND MAY CAUSE PHYSICAL INJURY, AND I AM FULLY AWARE OF THE RISKS AND HAZARDS INVOLVED.

2. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONSULT WITH A PHYSICIAN PRIOR TO AND REGARDING MY PARTICIPATION IN THIS CLASS OR ANY OTHER ACTIVITY ASSOCIATED WITH ARROWS PILATES LLC. I REPRESENT AND WARRANT THAT I AM PHYSICALLY FIT AND HAVE NO MEDICAL CONDITIONS THAT WOULD PREVENT MY FULL PARTICIPATION IN THE CLASS, HEALTH PROGRAM OR WORKSHOP.

3. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MAY INCUR AS A RESULT OF PARTICIPATING IN THE PROGRAM.

4. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM THAT I MAY HAVE AGAINST THE ARROWS PILATES INSTRUCTORS OR ARROWS PILATES LLC FOR INJURIES OR DAMAGES THAT I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION.

5. HEIRS, MY LEGAL REPRESENTATIVES AND I FOREVER RELEASE AND WAIVE ANY LIABILITIES AGAINST ARROWS PILATES LLC AND ITS TEACHERS FOR ANY INJURY OR DEATH INCURRED BY MY VOLUNTARY PARTICIPATION IN THIS CLASS, WORKSHOP OR ACTIVITY.

**I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

**PLEASE SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_