



Client Name (please print): _____

Terms & Conditions

The undersigned hereby indicates that s/he is financially responsible for payment of Pilates sessions on the day of the appointment. In addition, s/he agrees to the terms listed below.

Cancellations:

A 24 hour notice is required for the cancellation of all appointments. Less than a 24 hour notice or a "no show" could result in a full charge for missed session.

Returned Checks:

A \$25.00 service charge will be added on all returned checks.

Waiver of Liability Informed Consent:

I have enrolled in a program of physical activity including but not limited to body conditioning machinery used during my Pilates/Gym workouts offered by Bad Cat Pilates, LLC. I hereby affirm that I am in good physical condition and do not suffer from any disability that would contribute to injury. _____ **(Please initial.)**

I understand and acknowledge that exercise and Pilates have inherent dangers and that no amount of care, caution, instruction, or expertise can fully eliminate all injuries. Therefore, I expressly and voluntarily assume all risk of personal injury sustained while participating in any of the Pilates activities at the premises of Bad Cat Pilates, LLC whether or not caused by the negligence of any employee or agent of Bad Cat Pilates, LLC.

Further, in consideration of my participation in any private or group workouts, I for myself, my heirs and assigns, hereby release 4348 Van Nuys Boulevard, LLC and Bad Cat Pilates, LLC, their owners, employees and agents, from any claims, demands and causes of action arising from my participation in an exercise program. I fully understand that I may injure myself as a result of my participation, and I hereby release 4348 Van Nuys Boulevard, LLC and Bad Cat Pilates, LLC, their owners, employees and agents, from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee injuries, lower back injuries, foot injuries, and any other illness, soreness, or injury however caused, occurring during or after my participation in the Pilates Workout.

Signature: _____ Date: _____

We reserve the right to refuse service to anyone.