

## **VARSITY CLUB PILATES**

### **Liability Waiver & Release Agreement**

By signing below, I acknowledge and agree to the following:

#### **1. Voluntary Participation**

I understand that participation in classes at Varsity Club Pilates involves physical activity that may be strenuous and carries the risk of injury. I voluntarily choose to participate and assume all risks associated with these activities.

#### **2. Health & Medical Disclaimer**

I affirm that I am in good health and capable of participating in Pilates and related fitness classes. I understand it is my responsibility to consult with a physician prior to beginning any exercise program. I agree to inform instructors of any medical conditions, injuries, or limitations prior to class.

#### **3. Release of Liability**

In consideration of being allowed to participate, I release Varsity Club Pilates, its owners, instructors, employees, contractors, and affiliates from any and all liability for injuries or damages arising out of or related to my participation in classes, events, or use of the facility. This includes, but is not limited to, injuries caused by negligence.

#### **4. Personal Property**

I acknowledge that Varsity Club Pilates is not responsible for lost, stolen, or damaged personal belongings while on the premises.

#### **5. Photo/Video Consent *(Optional)***

I grant Varsity Club Pilates permission to use photos or videos taken of me during classes or events for marketing and promotional purposes, including social media and the studio website.

## **6. Studio Policies & Conduct**

I agree to follow all studio rules, guidelines, and safety protocols. I understand that failure to do so may result in removal from class or termination of access to studio services.

## **7. Late Cancel / No-Show Policy**

I understand that if I do not attend a scheduled class or fail to cancel at least two (6) hours prior to the class start time, a class credit will be deducted from my account. This credit is non-refundable and will not be reinstated under any circumstances.

By electronically signing this form, I confirm that I have read, understood, and agree to the terms above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_