

Waiver Agreement

Dale:			
Name:			-
Address:			_
		office	_
Email:			
hereby affirm that I a which would prevent I fully understand that	m in good physical col or limit my participatio t I may injure myself a: Il Gilbert Lucas from a	ndition and do not suffer fron in the program. s a result of my participation	strenuous physical activity by Pilates Plus Kingwood. I rom any undisclosed disability on and I hereby release Pilates auses of action arising from
	Stu	dio Policies	
must received before received after the dec hours notice is require ages will be subject to	the monthly deadline addine side is \$25 per class. The for missed privates;	posted on the schedule. Dr . There are no make-ups for ; otherwise, no make-up wittesy, please give notice if y	or \$20 per class; payment rop-in rate and reservations or missed group classes. 24 ill be provided. Private pack- ou won't be in your reserved
			wearing perfume. If you arfull time and avoid disrup-
Our policies are in pl	ace to help you stay co	ommitted and keep the stud	dio in business. Thank you!
sianed:			