



## Client Agreement

I, \_\_\_\_\_, hereby agree to the following:

1. I am participating in the Health and Fitness Classes, Programs and/or Workshops offered by Pilates Stance, LLC during which I will receive information and instruction about health and fitness in "The Pilates Method of Body Conditioning". I recognize that fitness programs 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 the health and fitness classes, programs and/or workshops. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the exercise classes, health programs and/or workshops.
3. In consideration of being permitted to participate in health and fitness sessions, programs and/or workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might occur as a result of such participation.
4. In further consideration of being permitted to participate in the health and fitness classes, programs and/or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Pilates Stance, LLC, its directors, employees, shareholders, and/or agents for injury or damages that I may sustain as a result of participating in the programs, fitness classes, and/or workshops.
5. I, my heirs, and/or legal representatives forever release, waive, discharge, and covenant not to sue Pilates Stance, LLC or its shareholders, directors, employees, and/or agents for any injury or death caused by their negligence or other acts.
6. Pilates Stance, LLC. Reserves the right to terminate participation in any program for any client and/or student at its discretion.
7. Payment is due at the time of service.
8. I will give a 24-hour cancellation notice to avoid being charged for the service. If I fail to do so regardless of the situation I agree to pay the amount charged for the scheduled service.
9. The staff of Pilates Stance, LLC will try its best to avoid changes of instructors and notify you if the case should arise, but it reserves the right to change an instructor as it sees fit, without notification.
10. Pilates Stance, LLC can only provide or assure a time slot for a standing appointment, not an instructor.
11. Standing appointments can only be reserved by prepayment for sessions and only for the number of sessions prepaid.
12. All refunds on series of private sessions or classes purchased are calculated after deducting all session/classes taken at the current single session/class rate.

# PILATES STANCE

13. All refunds will be subject to a 4% processing fee.
14. All packages expire three months from date of purchase.
15. If you are pregnant, please inform your instructor before the start of your session. If you are pregnant and trying Pilates for the first time please inform your instructor before the start of the session.

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Date

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Signature of Participant

If participant is under the age of 18, as a legal guardian of: \_\_\_\_\_ ,  
I consent to the above terms and conditions.

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Date

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Signature of Parent/Guardian of Participant

Please list any past or present injuries and/or any exercise restrictions you may have:

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**Client Information Sheet**

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Today's Date

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Name

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Address

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City

State

Zip Code

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Phone

Email

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Date of Birth

Sex: Male/Female

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Do you exercise regularly? If yes, please specify

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Any health restrictions or injuries (past or present)

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How did you hear about us?



### Credit Card Payment Authorization Form

Sign and complete this form to authorize Pilates Stance, LLC to use and keep on file your credit card listed below. Please email to [info@pilates-stance.com](mailto:info@pilates-stance.com).

By signing this form, you give us permission to debit your account and to keep your card on file for future purchases.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Pilates Stance, LLC to charge my credit card  
(Full name)

account for Pilates sessions and/or classes. This payment is for Health and Fitness Classes or workshops.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       AMEX       Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Pilates Stance, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.