Premier Pilates of Scottsdale Policies Statement

In an effort to provide our clients with both clear communication of our policies and fair service, we ask that you read the following carefully. Then please sign your client information sheet indicating that you have read, have been provided with a copy, and agree to abide with our policies.

1. **Cancellation Policy** Except under extenuating circumstances, Premier Pilates has a 24 hour cancellation policy for personal training as well as Pilates Equipment classes. This means that if an appointment is not cancelled within the cancellation policy time, the student will be charged for the session or class. If the student feels that extenuating circumstances have occurred, he/she may speak to their trainer to make different arrangements.

2. **Expiration Policy** Training packages priced from $300-$650 expire in four months from date of purchase. Training packages above $650 expire in six months. Medical exceptions with proper documentation will be honored. If you know you will be going on vacation, please discuss when you pay for the package. Seasonal clients, please purchase the most appropriate package.

3. **Duet, trio and Tower Policy** We require at least three personal training sessions and/or permission from one of the Instructors in order to register and sign up for Group classes. This is for your safety, as well as for the flow and continuity of the class. Advanced sign up is required. This can be done either by text, e mail or phone. Please keep in mind that tower classes must have three participants to run. If there are two signed up for either a tower or trio, the option is to pay for a duet at the duet rate, reschedule into another class or early cancel. If a duet session has only one participant signed up the remaining client has the option for a private session at the private rate or to reschedule or early cancel.

4. **Refund Policy** There are no refunds or credits to credit cards. Accounts are not transferrable. If a physician has determined that there are medical reasons that you cannot complete your package, we will refund the unused portion of your package minus a $10 administrative fee. A written explanation from your physician is required in order to process your refund request. There are NO exceptions to this!

5. **No refunds on Gift Certificates.**

**Liability Waiver and Informed Consent Release**

I have enrolled in a program of instruction in a method of physical conditioning offered by Premier Pilates and Fitness LLC (dba Premier Pilates of Scottsdale). I have been advised and I understand that participation in Premier Pilates’ exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness, or medical disabilities. I understand the use of exercise equipment also carries with it a risk of injury. I hereby affirm that I am in good physical condition and do not suffer from any disability that would/could prevent or limit my participation in this exercise program. In consideration of my participation in Premier Pilates’ conditioning program, I, for myself, my heirs, my next of kin, guardians, executors, administrators and assignees, hereby release Premier Pilates and Fitness LLC, its owners, officers, directors, shareholders, employees, trainees, and contractors from any claims, demands and causes of action arising from my participation in the conditioning program.

I fully understand that I may injure myself as a result of my participation in Premier Pilates’ conditioning program, and I hereby release Premier Pilates and Fitness LLC 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, lower back or foot injuries, or any other illness, soreness or injury, however caused, occurring during or after my participation in the conditioning program.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Premier Pilates fully informed of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I consent to the use of tactile cues to direct the proper body positioning of an exercise. Premier Pilates of Scottsdale shall not be responsible or liable for any articles lost, stolen or damaged in or about the studio or on location.

PLEASE COMPLETE THE CLIENT INFORMATION SHEET ATTACHED AS CONFIRMATION OF READING AND RECEIVING A COPY OF THIS POLICY AND LIABILITY RELEASE FORM. THANK YOU
Premier Pilates of Scottsdale New Client Information

Name_______________________________________    Today’s Date_________________________

Birthday_____________________________________

Approx. Height_______________________________   Approx.Weight______________________

Address______________________________________________________________________________________

City, State, Zip________________________________________________________________________________

Email_______________________________________

Phone  Home _______________________________   Cell_______________________________

Current Physical Activities:

______________________________________________________________________________________________

Previous accidents, injuries surgeries and important info:____________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

What are your wellness goals? *Circle all that apply*

Weight loss    Increase flexibility    Build strength    Improve balance

Improve coordination, build bone density, general health, fitness, relieve stress, other:

______________________________________________________________________________________________

___________________________________________________________

Sign here if you have received our cancellation and other policies.
You must sign in order to participate.