

Pilates Journey, LLC

LIABILITY WAIVER

I, _____, have disclosed any existing physical conditions I currently experience or have experienced in the past – such as chronic or intermittent pain, diagnosed medical conditions, dizziness, past or planned surgeries, or pregnancy – known to me. I agree to disclose to Kiersten Shue & Pilates Journey LLC prior to each exercise session, any new physical and medical conditions. I agree to verbalize any feelings of discomfort or pain during my exercise session, should any arise.

I agree to be solely responsible for any and all liability costs and expenses incurred by me as a result of injury sustained by me from participating in exercise training with Kiersten Shue & Pilates Journey LLC.

I also acknowledge that a **cancellation in less than 24 hours will result in a fee** for the scheduled session.

I hereby affirm that I have read and fully understand the above.

Signature

Date

Printed name
