

# EVOLUTION

*pilates • nutrition*

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## Client Participation Waiver / Center Policies

I \_\_\_\_\_, have enrolled and am participating in a exercise program of physical activity which may include aerobic work, yoga, pilates, strength training, and stretching at Evolution Pilates & Nutrition. I hereby waive Evolution Pilates & Nutrition, the instructor or any persons involved in this program from any and all liability from injuries and damages to person or property, resulting from participation in any activities or use of equipment or machinery involved in this fitness program.

I fully understand that the program may be strenuous and choose to participate completely voluntarily. I hereby assume and accept any and all risks involved. I affirm that I am physically sound and suffering from no condition, impairment or disease that would prevent my participation or use of equipment in this program. I acknowledge that I have had a physical examination and have been given my physician's approval to participate or have decided to participate in activity and use of equipment and machinery without the approval of my physician.

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## Center Policies

- All Appointments and Pilates Equipment Classes are by Appointment Only
  - Bodywork Studio Classes are Drop-in Classes
  - Pilates Equipment Classes require pre-payment to secure a spot
  - You need to have active session in your account to reserve an appointment or class slot online. Session can be purchased online.
  - 12 - Hour Cancellation Policy – All Appointments & Pilate Equipment Classes require **12 hr. notice** upon cancellation or rescheduling to avoid being charged for that session
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I have read the participation waiver and studio policies and accept them as mentioned above:

Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Phone: ( H ) \_\_\_\_\_ ( W ) \_\_\_\_\_

Were you referred by a current client of Evolution ? If yes, who: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_