



108 Whispering Pines Dr., Suite 120,
Scotts Valley, CA 95066
call 831/440-8304

Waiver of Liability and Informed Consent Release

I have enrolled in a program of instruction in the Pilates method and/or physical therapy offered by Core Connections Physical Therapy, Kelly Otis, and/or any sublessors. I have been informed, and I acknowledge that Core Connections Physical Therapy, Kelly Otis, or any sublessors makes no claims as guaranteed results, which can or may be obtained through participation in this program or use of any Core Connections Physical Therapy Equipment. If there are any activities that a physician or other chosen healthcare practitioner has advised against doing, I agree to inform the instructor or Physical Therapist before beginning this program and for the duration of the program. I will keep Core Connections Physical Therapy, Kelly Otis, or any sublessors fully informed of any physical or medical conditions or disabilities or changes in my status throughout the course of treatment or instruction which would prevent or limit participation in this program of instruction or the use of equipment.

I realize that there is unavoidable risk of injury, especially if I have a pre-existing injury, illness or medical disability or have informed Core Connections Physical Therapy, Kelly Otis, and/or any sublessors of any such pre-existing condition. I understand that a medical evaluation is advisable before beginning any program of exercise. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of these exercises lessons and treatment, including possible short term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, nausea mood changes, etc. and that any strenuous athletic or physical activity involves certain risk of injury. I assume the risk of any and all accidents or injuries of any kind which may be sustained by reason of or in connection with use of its directors, shareholders, employees, apprentices, student teachers, and contractors from any and all claims, demands, rights of action, present or future, whether known or unknown resulting from participation in this program instructions for use of Core Connections Physical Therapy, Kelly Otis, and/or any sublessors clinic

facilities or equipment. I expressly assume all risks of injuries resulting from my participation in this program of instruction and use of Core Connections Physical Therapy, Kelly Otis, Coastline Pilates, and/or any sublessors, facilities or equipment.

CANCELLATIONS must be received 24 hours in advance to be granted a makeup session. The session is forfeited if less than 24 hours notice is given and you will be charged in full for the appointment missed. Core Connections Physical Therapy, Kelly Otis, and/or any sublessors policy is that no refunds are given. I understand that by enrolling in Core Connections Physical Therapy, Kelly Otis, and/or any sublessors that it is for personal use only and agree not to teach Pilates in any form. Any handouts or pictures given are copyrighted material and will not be distributed, duplicated or sold by any means. I am aware that only fully certified and licensed teachers are authorized to teach Pilates Method of Body Conditioning. Core Connections Physical Therapy, Kelly Otis, and/or any sublessors shall not be responsible for any articles lost, stolen or damaged in or about the clinic.

I have read the above liability waiver and agree to the terms and conditions stated above.

- I am aware of the 24 hour cancellation policy.
- I realize that this is a teaching facility and that sessions may be observed by students in training.

PRINT FULL NAME DATE

SIGNATURE CITY STATE ZIP