

Waiver of Liability and Informed Consent Release

(Please print) Name: _____

PLEASE READ CAREFULLY

24-HOUR CANCELLATION POLICY:

I understand that if I must cancel a scheduled appointment or class I will notify InsideOut Body Therapies 24 hours in advance or be held responsible for payment. There is a \$50 Late Cancellation Fee for bodywork and a \$35 Late Cancellation Fee for Pilates-Based Physical Therapy. Two emergency Late Cancellations without penalty are allowed per calendar year for movement classes and private sessions.

Please initial: _____

PACKAGE EXPIRATION POLICY:

All *packages* have a *four month expiration date*. Packages will not be extended. This policy is to encourage you to be consistent and to commit to your fitness and health goals.

Please initial: _____

- I understand that the work I receive at InsideOut Body Therapies, LLC is provided for the purpose of exercise, relaxation, stress reduction, relief of muscular tension, and/or the balancing/aligning of the body. If I experience any pain or discomfort during this/these session(s), I will immediately inform the practitioner so that the pressure, procedure, and/or exercise may be adjusted to my level of comfort. I understand that in class situations if I feel discomfort and/or pain, I will stop and inform the instructor.
- I understand that a medical evaluation is advisable before beginning any program of physical conditioning, exercise, and/or bodywork. I have or will continue to keep InsideOut Body Therapies, LLC informed of any physical condition or disability, which would prevent or limit my participation in an exercise, physical conditioning, and/or bodywork. I acknowledge that, although the program I participate in may have substantial physical benefits, neither InsideOut Body Therapies, LLC nor its employees/contractors are engaged in diagnosing or treating medical diseases or deficiencies, nor do sessions serve as a substitute for medical diagnosis or treatment when such attention is needed.
- Because Pilates/GYROTONIC®/GYROKINESIS®/Rolfing®/Yoga/Tai Chi is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- I expressly assume all risks of participation in the exercise and bodywork programs at InsideOut Body Therapies, LLC. I recognize that though many positive changes can occur as a result of exercise and bodywork there is the possibility of negative side effects including possible short-term aggravation of some symptoms, tiredness, light-headedness, increased energy, mood changes, etc.
- I understand that I am responsible for attending classes at the appropriate level of difficulty.

Signature: _____ Date: _____

Signature of Parent or consenting adult if a minor: _____

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