

Waiver of Liability and Informed Consent Release

(Please print) Name: _____

PLEASE READ CAREFULLY AND INITIAL.

24-HOUR CANCELLATION POLICY:

I understand that if I must cancel a scheduled appointment or class, I must notify InsideOut Body Therapies 24 hours in advance or I will be held responsible for payment. InsideOut Body Therapies will work hard to stay on schedule. We respect and honor your time and we ask you to do the same.

We allow 2 emergency cancellations a year. Please initial: _____

PACKAGE EXPIRATION POLICY:

All *packages* have a *five-month expiration date*. If you will not be taking enough classes in a 5-month period to warrant buying a 5-20 class package, it is best for you to pay the individual class drop-in rate. 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 Pilates/Rolfing®/Acupuncture/Yoga/Massage Therapy (heretofore referred to as “Body Therapies”) I receive are provided for the purpose of relaxation, stress reduction, relief of muscular tension, and 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 and/or procedure may be adjusted to my level of comfort. I understand that if I feel discomfort and/or pain in class situations, I will stop and inform the instructor. I will choose class levels appropriate for my fitness and working ability.
- I understand that a medical evaluation is advisable before beginning any program of physical conditioning or exercise. 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 Body Therapies are 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: _____

InsideOut Body Therapies, LLC
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