THE REX STUDIO

for Classical Pilates

Waiver of Liability & Consent Form

Kendra Lee Thatcher LLC // The Rex Studio

Client Name:	
Client Email:	
Client Address:	

Client Phone:

Cancellation Policy: I understand that if I must cancel a scheduled appointment, I must notify my instructor at least 24 hours in advance or I will be held responsible for the scheduled feed. (initial)

I hereby certify that I am voluntarily participating in a physical conditioning and corrective exercise program with Kendra Rex (The Rex Studio) in any and all places where she teaches. I affirm that I am in good physical condition, that I have my physician's approval, and that I do not suffer from any disability that would prevent or limit my participation in said exercise program. In addition, I certify that I understand the potential risks of said program after having had the opportunity to inquire in detail regarding all aspects of the program and to have all questions regarding these endeavors satisfactorily answered, including physiological changes, which can occur.

(initial)

I agree to release and indemnify Kendra Rex (The Rex Studio) and all officers, agents, and representatives from and against all claims, actions, judgements, costs, expenses and demands with respect to injury or damage to person or property in concession with my taking part in the above stated program. It is understood and agreed that this agreement is to be binding on myself, my hires, executors, administrators and assigns.

(initial)

I certify that I ha	ave read the above	and understand it	, intending to be	e legally bo	und hereby; I 1	nake this
agreement this _	day of _	20				

Client Signature:_____

Witness:

Please be on time for class.

Please do not wear clothing that could damage the equipment (such as zippers, grommets). *Please silence your phones when in the studio.*

Please note all class packages must be used within time frame of sixty days (60-days) unless otherwise agreed upon.