



Speakeasy Pilates, LLC
124 South Main Street, Lexington, VA 24450

Waiver of Liability and Informed Consent Release

I acknowledge that I have voluntarily enrolled in instructional Pilates classes, private sessions, or online offerings provided by Speakeasy Pilates, LLC. I understand that participation in physical fitness activities, including the use of Pilates equipment, involves inherent risks of injury, illness, or other health complications, particularly for individuals with preexisting medical conditions.

I represent that I am in good physical condition and have either consulted with a physician or chosen to participate at my own risk. I assume full responsibility for any and all risks, injuries, or damages — known or unknown — that may occur as a result of my participation.

I knowingly, voluntarily, and expressly waive any claim I may have now or in the future against Speakeasy Pilates, LLC, its owner, employees, contractors, or instructors for any injury, illness, or death arising from participation in its programs, whether on-site, off-site, or online, including claims resulting from ordinary negligence.

I release, waive, discharge, and agree not to sue Speakeasy Pilates, LLC or any of its affiliates for any loss, theft, or damage to personal property occurring in or around the premises.

CANCELATION POLICY

_____ (initial) I understand that a minimum of **12 hours' notice is required to cancel a session without being charged.**

_____ (initial) I understand that **late cancelations and no-shows will be charged the full amount of the class.**

I have read, understood, and voluntarily agree to the above waiver and policies. I acknowledge that this release shall remain in effect for all current and future participation at Speakeasy Pilates, LLC.

Name/signature: _____

Date: _____