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**Practice Policies**

1. Please be ready to begin each session five (5) minutes before your scheduled time.
2. As a courtesy please turn your cell phone “OFF” or to “VIBRATE.”
3. All sessions are 75 minutes in length.  Please try to be on time.  If you are late, the session will not be extended.  This applies to all types of sessions.
4. Packages and prepaid sessions are good for six months from date of purchase.  Sessions not used will be forfeited, no exceptions.  No refunds will be given.
5. **Advance reservations are encouraged for all sessions.**
6. Should the studio cancel a session at the last minute (only in EXTREME emergency) the next scheduled session will be at no charge to you, the Client.
7. **Group classes are NOT for those persons with acute or chronic physical issues or newly out of physical rehabilitation.  If during the private orientation session, or prior to visiting the studio, the instructor deems a problem too great, private training will be recommended.  Private Sessions are tailored for each individual and will address specific injuries or difficulties.**
8. I understand that A Balanced Body, Inc (ABB). is an education facility for Stott Pilates, and Orlando School of Thai Massage, Inc. (OSTM), and students may sometimes watch my class or session.

***Liability Waiver***

As a client of ABB or OSTM, I intend to and will engage in strenuous athletic and physical fitness activities on the premises.  I understand that these athletic and physical fitness activities involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume by becoming a client of A Balanced Body, Inc.  In partial consideration of the use of these facilities, I hereby release in full and forever discharge ABB and OSTM, its directors, officers, agents, employees and contractors, whether acting within the scope of their employment or otherwise, on behalf of myself, my heirs, executors, assigns, administrators and personal representatives from any and all claims, demands or causes of action relating to or deriving from my presence or activities in the studio’s premises or off site which may result in my death or in an injury to my person or property of any sort whatsoever.

**I have read and agree to these policies and liability waiver.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Have you practiced yoga before? YES / NO

If YES, for how long? Which styles of yoga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check your interest:

\_\_\_\_Meditation

\_\_\_\_Spiritual growth

\_\_\_\_Nutrition

\_\_\_\_Pre/Post Natal

\_\_\_\_Ashtanga

\_\_\_\_Heated Yoga

\_\_\_\_Kid’s Yoga

\_\_\_\_Flow Yoga

\_\_\_\_Yin Yoga

\_\_\_\_Weight loss

\_\_\_\_Gentle Yoga

\_\_\_\_Beginner Yoga

\_\_\_\_Stress Reduction

\_\_\_\_Stretching

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our studio and classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asana (yoga posture) means POSTURE EASILY HELD. If at any time during the class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any physical activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, or person or property, resulting from the taking of the class. Those under 18 years of age must have this formed signed by a parent or guardian before participating.

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Print Name / signature / date