

GEORGETOWN PILATES

Studio Policies

Cancellation Policies:

We require 24 hours notice for cancellations of pilates apparatus sessions, apparatus classes, massage, MAT and acupuncture. For group mat and yoga classes, we require 12 hours notice of cancellation. If you cancel within the 24 (apparatus, massage, MAT and acupuncture) or 12 (mat or yoga group) hour (meframe, or do not show up for your scheduled appointment, you will be charged the entire cost of the session/class.

Pilates Apparatus Duet & Trio cancellations: If you are signed up for a duet and the other client cancels at least 24 hours before the appointment, you will be charged for a private session. If your duet partner cancels within 24 hours of the appointment, or doesn't show, you will be charged for the duet. If you are signed up for a trio and one client cancels at least 24 hours of the appointment, you will be charged for a duet and if both partners cancel 24 hours before, you are charged for a private. If one or both cancel within 24 hours, you will either be charged for a duet, or trio, depending on the time of each cancellation. No shows are treated like late-cancellation.

Cancellations can be made via your instructor's email (found on our Team page) or online through your account.

No Refunds:

All packages are non-refundable.

Package Expiration Dates:

All packages have an expiration date, activated on first session's date in package. Expiration dates can be found on the receipt of your package and on your online account. We cannot extend the date of expiration of a package so please be mindful of the expiration date when making a purchase. Expiration dates on apparatus and class packages are as follows: Intro Pack-2 months, 5 pack-2 months, 10 pack-4 months, 20 pack-6 months

I have read and understand the policies listed above.

Signature: _____ Date: _____

Liability Waiver

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity. I understand and agree that during the visit I am not receiving physical therapy or chiropractic work. Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness, which I may incur as a result of participating in a physical activity. I hereby assume all risks connected therewith and consent to participate. I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in any physical activity.

Signature: _____ Date: _____

Client Name: _____ (please print)

Parent/Guardian Signature: _____