**Liability, Terms and Conditions**

**I am aware and understand** that Pilates, Therapeutic Pilates, TRX, strength training and Fascial Stretch Therapy, including the use of all equipment involved, is a potentially hazardous activity. I understand that fitness and physical activities involve a risk of injury and I am voluntarily participating in these activities.

**I understand** that if I am suffering from an injury, impairment, illness or health condition that may affect participation in the above-mentioned activities, it is my responsibility to seek a physician’s approval before engaging in said activity. Should I participate without a physician’s approval, I do hereby release Rebalance Pilates from all responsibility and liability and personally assume all responsibility.

**I hereby release** Rebalance Pilates from any and all liability sustained due to loss, injury or damage to any person or property and from any or all actions, causes of action and claims of any nature arising from the use of the facilities and equipment of the above-mentioned company.

**I acknowledge** the contagious nature of Coronavirus/COVID-19 and that Canadian public health authorities continue to recommend practicing social distancing and wearing face coverings.

**I acknowledge and understand** that in accordance with the Province of Ontario’s Vaccine Passports/Certificates, I must show ***proof of double vaccination*** prior to my first session at Rebalance Pilates. Proof of vaccination can be sent to **info@rebalancepilates.ca**

**I understand** that face coverings or masks will be required during sessions at Rebalance Pilates unless otherwise directed by Canada’s top doctor or Rebalance Pilates.

**I further acknowledge** and agree that Rebalance Pilates has put in place reasonable preventative measures to reduce the spread of Coronavirus/COVID-19 and other viruses and illnesses.

**I further acknowledge** and agree that Rebalance Pilates cannot guarantee that I will not become exposed to or infected with Coronavirus/Covid-19 or any other virus or illness while using the Rebalance Pilates facilities or equipment. I understand and agree that the risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses is inherent and unavoidable with regard to the activity of visiting and working out in a gym or similar facility.

**I voluntarily seek services** provided by Rebalance Pilates and acknowledge that by doing so I am increasing my risk of exposure to Coronavirus/COVID-19 and other viruses and illnesses. I acknowledge that I must comply with procedures to reduce the spread or Coronavirus/COVID-19 and other viruses and illnesses at Rebalance Pilates.

**For my protection and the protection of others** I will notify Rebalance Pilates prior to any and all sessions if I am experiencing the following symptoms, including but not limited to:

* Cough
* Shortness of breath or difficulty breathing
* Fever
* Chills
* Shaking
* Muscle pain
* Headache
* Sore throat
* Or loss of taste or smell

**I understand** it is at the discretion of Rebalance Pilates to cancel a session should they deem it appropriate given symptoms.

**I hereby release** Rebalance Pilates from any and all liability regarding any potential exposure to Coronavirus/Covid-19 or any other virus or illness.

**For Virtual Clients:**

**I am aware and understand** that Pilates, Therapeutic Pilates, TRX, strength training and Fascial Stretch Therapy, including the use of all equipment involved, is a potentially hazardous activity. I understand that fitness and physical activities involve a risk of injury and I am voluntarily participating in these activities.

**I understand** that while Rebalance Pilates leads the virtual class, it is a ‘hands off’ class. It is my responsibility to tell the instructor if something does not feel good in my body and I assume all responsibility for my movement and assume all responsibility when using any and all props used within the class.

**I understand** that if I am suffering from an injury, impairment, illness or health condition that may affect participation in the above-mentioned activities, it is my responsibility to seek a physician’s approval before engaging in said activity. Should I participate without a physician’s approval, I do hereby release Rebalance Pilates from all responsibility and liability and personally assume all responsibility.

**For All Clients:**

**I understand** that by signing this document electronically, it becomes a legally binding agreement. If you choose not to sign electronically, a paper copy of this form will be made available for you to sign upon arrival at your first session with Rebalance Pilates.

**I understand that packages offered by Rebalance Pilates have an expiration date of three (3) months from the day the package becomes active. If I am unable to complete the package within the allotted time, I understand a new package will need to be purchased. Rebalance Pilates considers purchased packages to be a commitment to your movement wellbeing and does not issue refunds.**

**Cancellation Policy: To avoid being charged for an unattended session, please provide at least twenty-four (24) hours’ notice to cancel or reschedule your appointment.**

**I have read and agree** to the Rebalance Pilates Terms and Conditions.