



Therapeutic Relief Agreement of Policies

To maximize the enjoyment of your visit and in consideration of others, we ask you to carefully read and agree to the following policies:

- Please be ready for your appointment at the scheduled time, arriving early if needed to change clothes, make a payment, use the restroom, check phone messages, etc. Appointments must end at time scheduled and cannot be extended.
- Please report any health issues, even minor injuries, to the instructor before your session begins.
- Clients arriving for group classes more than 10 minutes late cannot be admitted and will be charged for the class.
- Cell phones must be turned off and pagers silenced, even if left in the back changing area.
- Please arrive free of colognes, perfumes, or scented lotions.
- Wear clothing appropriate for movement (no loose-legged shorts or floppy t-shirts, please) with empty pockets and free of metal (no exposed zippers, belts with metal, jeans). Remove excess jewelry.
- Chewing gum is not allowed as it creates neck and jaw tension when breathing.
- Park Meadows Pilates is not responsible for lost or stolen personal property. Clients are welcome to bring locks for provided lockers. Purses, bags, shoes, etc. are not allowed in the studio areas.
- For liability reasons and no available supervision, children are not allowed in the facility.
- All appointments must be paid for in advance, or at the time of service.
- Scheduled appointments may be cancelled 24 hours in advance to avoid full session charge.
- A \$25 **charge will be assessed for appointments not cancelled at least 24 hours in advance.** (A full session charge may be assessed for future private trainings not cancelled at least 24 hours in advance.) You are able to cancel appointments with your online account.
- Snow Days Policy: The Studio will be closed or on limited schedule if Douglas County / Littleton schools are closed. Check our voice mail message after 7:30 a.m. the morning of the day in question.

I have fully read, understood, and agree to follow all the above policies.

Please Print Name _____

Signature _____

Date _____