

RELEASE AGREEMENT

This Release Agreement, made and entered into this ____ day of _____, 20____, executed by _____ (“Participant”), provides

WHEREAS, Loudoun Pilates, LLC (“Loudoun”) is engaged in the business of providing Pilates/Yoga instructions (sometimes referred to herein as “Activity”) to members of the general public; and

WHEREAS, such Activity is inherently stressful to the body and, if the one is not properly prepared, one could be injured; and

WHEREAS, Participant intends to take part in the Activity,

NOW, THEREFORE, in consideration of the opportunity to take part in the Pilates/Yoga instructions, and the mutual premises herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Participant acknowledges the inherent nature of the Pilates/Yoga instruction experience and warrants and represents to Loudoun Pilates LLC that Participant has consulted with his/her physician or health profession and has determined that taking part in this Activity is acceptable.
2. Participant does hereby release, remise, and forever discharge Loudoun Pilates LLC from any and all liability, actions, causes of action, suits sums of money, covenants, contracts, controversies, agreements, damages, judgments, executions, claims and demands whatsoever, including but not limited to costs and attorney fees, that may arise from taking part in the Pilates/Yoga instruction. Such release shall apply to Loudoun Pilates LLC, its successors and assigns, including any officer, director, or shareholder and any employee or independent contractor of Loudoun Pilates LLC.
3. This Release binds not only Participant with regard to any claims arising from taking part in the Activity, but also Participant’s heirs, legal representatives and assigns.
4. Participant releases Loudoun Pilates LLC from any and all claims for loss, damage, including personal injury or death, whether or not caused by Loudoun Pilates LLC’s negligence, while or from participating on the Activity.
5. In the event any portion of this Release Agreement is deemed invalid under the laws of the Commonwealth of Virginia, those parts that are not invalid shall continue in full force and effect.

WITNESS the following signature and seal:

Participant (SEAL)

Client Information and Health History

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

Occupation: _____

Emergency Contact: Name _____ Phone _____

Please indicate whether you experience or have experienced any of the following:

Arthritis Asthma Cancer Chest Pain Diabetes Fibromyalgia Headaches
 Heart Disease High Cholesterol Hypertension Child Birth Metabolic Disorder
 Neurological Disorder Osteoporosis Spinal Disorder

Describe any current/past injuries, surgeries, pregnancies, significant medical or alternative treatments. Check all body parts involved. Specify right(R) left(L) or both(B):

<input type="checkbox"/> Upper Back	<input type="checkbox"/> Middle Back	<input type="checkbox"/> Lower Back
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot/Ankle
<input type="checkbox"/> Hip/Pelvis	<input type="checkbox"/> Ribcage	<input type="checkbox"/> Hand/Arm
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Head	<input type="checkbox"/> Neck

Please explain:

Describe your present physical condition:

List current physical activities (including sports, exercise, movement and martial arts):

Have you ever tried Pilates? If yes, please explain your experience:

What are your goals with Pilates?

PLEASE INITIAL:

_____ I certify that the previous page is complete and correct to the best of my knowledge

_____ I understand that that if I need to cancel a scheduled session, I will make every effort to notify Loudoun Pilates LLC at least 24 hours in advance. Late or same day cancellations will be subject to charge at session rate

_____ I understand that all purchases expire 3 months from purchase date

Client Signature _____ Date _____

Loudoun Pilates Policies

- All sessions are 55 minutes in length
- Loudoun Pilates is not responsible for any lost, stolen, or damaged personal property
- All purchases must be used within 3 months of purchase date (Monthly Private Pilates packages do not apply)
- No credits or refunds will be given
- Reservations are required for all sessions and classes
- 24-hour cancellation is required for all sessions, classes, and workshops. Failure to provide 24-hour cancellation will result in full charge for session or class
- All clients are required to have a valid credit card on file. In the event of a late cancellation (within the 24-hour cancellation policy), the credit card on file will be charged the full amount for the scheduled session. If client has a current package, credit card will not be charged and missed session will be tracked
- In the event that Loudoun Pilates is forced to cancel any session for any reason, a make-up session will be rescheduled in a timely fashion to best accommodate client (any purchase expiration will be waived for this instance)
- Loudoun Pilates reserves the right to cancel any class due to insufficient attendance.
- **Inclement Weather Policy:** Information on closures or delays will be posted on our website and Facebook pages as well as recorded on the studio voicemail. In the event that Loudoun County Public Schools are closed due to weather, 24-hour cancellation policy will be waived

Client Name (Print/Sign)

Date

Preferred Method of Contact (email or phone)
