

## 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 party 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 (PRINT)

\_\_\_\_\_ Participant (SIGN)

## 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
- •No credits, refunds or transfers 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
- •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. **PLEASE NOTE WE DO NOT FOLLOW LCPS OR GOVERNMENT CLOSURES.**

Client Name (Print/Sign)

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Preferred Method of Contact (email or phone)

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# 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):

Upper Back  Shoulder  Hip/Pelvis  Abdomen  Middle Back  Knee

Ribcage  Head  Lower Back  Foot/Ankle  Hand/Arm  Neck

Please explain:

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Describe your present physical condition:

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

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

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What are your goals with Pilates?

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PLEASE INITIAL:

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

\_\_\_\_\_ I understand that Loudoun Pilates has a 24-hour cancelation policy and that I will be charged for any session canceled within that period

\_\_\_\_\_ I understand that all purchases expire 3 months from purchase date

Client Signature \_\_\_\_\_ Date \_\_\_\_\_