

Loudoun Pilates Client Information and Health History

Today's Date: _____ Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Occupation: _____

Emergency Contact (Name): _____ Phone: _____

Please indicate whether you experience or have experienced 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 that are involved. Specify right (R), left (L) or both (B):

- Upper Back Shoulder Hip/Pelvis Abdomen Middle Back
 Knee Rib Cage Head Lower Back Foot/Ankle Neck

Please explain:

Describe your current physical condition:

List current physical activities (including sports, exercise, movement, martial arts, etc.,)

Are you currently or within the past year, received other therapies including PT, chiropractic, acupuncture, massage, ect,. Are you cleared by your doctor? If yes please explain:

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

What are your goals with Pilates?

Loudoun Pilates Policies

- All sessions are 50-55 minutes in length
- Loudoun Pilates is not responsible for any lost, stolen, or damaged personal property
- All purchases must be used within **6 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 social media pages. **PLEASE NOTE WE DO NOT FOLLOW LCPS OR GOVERNMENT CLOSURES.**
- We are following all guidelines put forth by the CDC, state, and local authorities to limit transmission of all diseases in our studio, including but not limited to COVID-19.

PLEASE INITIAL:

_____ I certify that the client health history is complete to the best of my knowledge

_____ I understand that while exposure to COVID-19 is unlikely, I accept the risk and release Loudoun Pilates from all liability and choose to participate in Loudoun Pilates services.

_____ I understand that Loudoun Pilates has a 24-hour cancellation policy and that I will be charged for any session canceled within that period.

_____ I understand and agree to all studio policies

Signature: _____

Date: _____

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 Name: _____ Signature: _____