

Potomac **PILATES**

REGISTRATION SHEET

Name: _____

Billing Address: _____

<u>CONTACT INFORMATION</u>		Contact Preference (Please rank 1,2,3)
Home Phone		
Cell Phone		
Work Phone		
Email Address		

EMERGENCY CONTACT Name: _____

Telephone: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER

I understand that I, _____ **[Print Name]**, will be participating in a fitness program through Potomac Pilates, Inc. that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve muscle strains, pulls, or tears, joint sprains or strains, broken bones, shin splints, knee, lower back, and foot injuries, dizziness, fainting, or heat prostration, I recognize there is a risk of serious injury (heart attack or, in extreme cases, death) associated with any fitness program. I was advised by a member of the fitness staff at Potomac Pilates, Inc. to consult with and obtain the approval of my doctor before beginning a fitness program through Potomac Pilates, Inc. I have had the opportunity to do so before beginning this program. I also was asked by a member of the fitness staff at Potomac Pilates, Inc. whether I have any physical or mental limitations or whether I am taking any medication or receiving any medical treatment which might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those which I have fully disclosed and written on the attached sheet.

By signing this statement, I agree to hold harmless Potomac Pilates, Inc. and/or any of its employees, owners, agents, independent contractors, or insurers for any bodily injury or property damage I may suffer as a result of my participation in a fitness program through Potomac Pilates, Inc. Potomac Pilates, Inc., its employees, owners, agents, independent contractors, or insurers shall not be held liable for any bodily injury or property damage which may result either directly or indirectly from my participation in a fitness program through Potomac Pilates, Inc.

Participant's Signature

Date

Parent or Guardian's Signature

Date

8-Hour Cancellation Policy

Classes & appointments must be cancelled 8-hour prior to the beginning of the scheduled class. You may cancel within the online scheduler, by email or by phone. _____

Initials

Classes & appointments not cancelled within the late cancel window 8-hours in advance of their scheduled session WILL NOT BE REFUNDED for the missed session credits. _____

Initials

Classes & appointments not cancelled within 8-hour period and does not show up will incur a \$15 NO SHOW FEE in addition to lost session credits. _____

Medical History Relevant to Pilates

Initials

In the past 5 years, I have experienced:

	YES	NO
Arthritis		
Asthma		
Heart Conditions		
Neck Problems, Injuries or Surgery		
Back Problems, Injuries or Surgery (i.e. Strains, Pulls, Slipped or Herniated Disk)		
Hip or Knee Problems, Injuries or Surgery		
Ankle or Foot Problems, Injuries or Surgery (i.e. Plantar Fasciitis)		
Shoulder, Elbow, Wrist or Hand Problems, Injuries or Surgery		
Other		

If you answer 'yes' to any of the above conditions, please explain:

DISCLOSURE

ALL EXERCISE PROGRAMS INVOLVE RISK OF INJURY, INCLUDING, BUT NOT LIMITED TO, MUSCLE STRAINS, PULLS, OR TEARS, JOINT SPRAINS OR STRAINS, BROKEN BONES, SHIN SPLINTS, KNEE, LOWER BACK, AND FOOT INJURIES, DIZZINESS, FAINTING, HEAT PROSTRATION, HEART ATTACK, OR DEATH. YOU ARE ADVISED TO CONTACT A PHYSICIAN TO DETERMINE YOU ARE HEALTHY ENOUGH TO PARTICIPATE IN THE EXERCISE PROGRAM WHICH YOU HAVE SELECTED AND FOR WHICH YOU HAVE REGISTERED. POTOMAC PILATES, INC. HAS NOT PROVIDED ANY INDEPENDENT ASSESSMENT OF YOUR CONDITION OR YOUR SUITABILITY TO PARTICIPATE IN ITS EXERCISE PROGRAM. IT IS SOLELY YOUR RESPONSIBILITY TO DETERMINE IF YOU ARE IN GOOD ENOUGH HEALTH TO PARTICIPATE IN THE EXERCISE PROGRAM WHICH YOU SELECTED.

***** _____ INITIALIZE