



Welcome to Pilates Center of Rockville! For us to better understand your health and fitness needs, please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Date of Birth _____

Emergency Contact Name _____ Contact Phone _____

How did you hear about us? _____ Referred By _____

1. What's your primary fitness/wellness goal?

Total Body Conditioning Pain Relief & Rehab Athletic Conditioning Other (explain below)

2. Do you currently have or have had any of the following conditions (check all that apply, and explain below)?

Bulging/Herniated Discs Degenerative Disc Disease Osteoporosis/Osteopenia Current/Recent Pregnancy

Joint Replacement Joint Fusion Arthritis

3. Do you currently have or had any other injuries, illnesses, chronic pain, chronic conditions, surgeries, or significant medical treatments (explain below)?

4. List all current and recent activities and sports.

5. Have you done Pilates before?

No Pilates Mat Reformer Cadillac/Tower Chair

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POLICIES

RESERVATIONS

Reservations are required for all appointments, and to guarantee your space in classes. Due to small class sizes, we strongly recommend making a reservation. Class drop-ins are welcome, but are subject to availability. You may check online or call to check availability.

PAYMENTS

Payment is required in advance for all services, and all payments are non-refundable. We accept Visa, MasterCard, Discover, American Express, cash and checks. A \$35 fee will be assessed for each returned check.

EXPIRATION DATES

Expiration dates for Combo Cards, Class Cards and Packages activate on the date of purchase. They may be found on your sales receipt and in your online account. Expiration dates cannot be extended, so please keep this in mind when arranging your schedule. Any sessions not used by the expiration date will not be refunded. Expiration dates are as follows: \$350 Combo Card (6 months), \$600 Combo Card (12 months), 5 Class Card (2 months) and 10 Class Card (4 months), Intro to Pilates Package (2 months), Intro Equipment Package (1 month), Complimentary Mat Class (1 month).

CANCELLATIONS

Clients must cancel appointments and classes at least 24 hours in advance. Full payment will be assessed for late cancellations. We reserve the right to cancel any class due to low enrollment. Clients will be notified at least 24 hours in advance.

PROTOCOL

Clients must sign-in at the Front Desk upon arrival. Please remove your shoes and silence your cell phone upon entering the studio. For your safety, clients who arrive more than 10 minutes late to a group class will not be permitted to join the class.

INCLEMENT WEATHER POLICY & PROCEDURES

If you have concerns about traveling in forecast inclement weather, you should always early cancel your class or appointment with at least 24 hours notice to avoid being charged. If you later decide that you are comfortable with traveling, you can contact us and we will happily reschedule you. In the event of inclement weather, closing and delayed opening information will be posted on our website and recorded on our voice message. We do not follow federal government or public school closings. Information will be posted by 7 am for morning classes and appointments, and necessary updates will be posted throughout the day. It is the responsibility of each client to check the status of the studio via the website or voice message. We do not call clients individually. Clients who receive auto-emails will be notified of class and appointment cancellations by email.

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled and/or am participating in a program of exercise and physical activity offered by Pilates Center of Rockville, LLC, which includes, but is not limited to Pilates conditioning and the use of body-conditioning equipment. I understand that participation in these activities, like any physical activity or exercise program, presents some inherent risk of injury, especially to people who have preexisting injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes can occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I hereby certify that I am over the age of 18, and I understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have either obtained such medical evaluation or waive such recommendation. I acknowledge that, although the program may have substantial physical benefits, Pilates Center of Rockville employees and contractors ("Pilates Center Personnel") do not engage in diagnosing or treating medical or physical diseases or deficiencies.

I expressly (i) assume all risks of my participation in this conditioning program, (ii) waive any claim, which I might otherwise bring against Pilates Center of Rockville or Pilates Center Personnel, and (iii) covenant not to sue Pilates Center of Rockville or Pilates Center Personnel as a result of injuries resulting from or relating to my participation in this Pilates conditioning program. I understand that if I choose to work with a trainee, I am acknowledging that I am a healthy, injury-free individual suitable to be working with a newer instructor.

Pilates Center of Rockville and Pilates Center Personnel shall not be responsible or liable for any articles lost, stolen or damaged at or from the premises.

I understand that my agreement to this Waiver of Liability and Informed Consent will be binding upon me with respect to all ensuing sessions, workshops and/or seminars whether in person, via Zoom, or any other video conferencing tool. I understand that there is additional risk to me if I participate via a video conferencing tool but do not allow the Pilates Center Personnel to see me to offer guidance, and I assume that additional risk, as applicable.

SPECIAL COVID-19 NOTICE, SELF-CERTIFICATION, AND WAIVER

Pilates Center of Rockville follows the disinfection guidelines of both the Centers for Disease Control and Prevention ("CDC") and the Maryland state and local governments in cleaning and disinfecting the studio as well as current CDC guidelines concerning social distancing and the use of PPE/masks for vaccinated and unvaccinated individuals. PLEASE NOTE THAT WE MAY CHANGE OUR POLICIES AND PRACTICES AS THE CDC GUIDELINES CHANGE THEIR RECOMMENDATIONS.

For the comfort and safety of all our clients, we ask that you certify whether or not you have been fully vaccinated against COVID-19 with a vaccine that has been authorized and recommended by the CDC. If you have been fully vaccinated, you may enter the studio and participate in our in-person programs without the use of PPE/masks. If you have not been fully vaccinated, you are required to wear a mask at all times while in the studio. We appreciate your candor and cooperation. SHOULD YOU CURRENTLY BE UNVACCINATED AND LATER BECOME VACCINATED, PLEASE REQUEST A LINK TO UPDATE YOUR WAIVER AND CONSENT FORM BY EMAILING INFO@PILATESCENTEROFROCKVILLE.COM.

Check One:

- I have been fully vaccinated against COVID-19 with a vaccine that has been authorized and recommended by the CDC.
- I have not been fully vaccinated against COVID-19 and I acknowledge that I am required to wear a mask at all times while I am in the studio.

Despite the foregoing precautions, the spread of COVID-19 can occur irrespective of the areas having been recently cleaned and disinfected and irrespective of vaccination, on rare occasion. I acknowledge that Pilates Center of Rockville cannot and does not control individuals' integrity, behavior, or compliance with social distancing requirements or PPE requirements. Accordingly, I agree that I shall hold Pilates Center of Rockville, its officer, directors, members, employees, and agents ("Releasees") harmless from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees), whether or not an action is brought, arising from or out of, or relating to, directly or indirectly, any person on or in the areas contracting the infection of COVID-19 or any other illness or injury. The foregoing shall be construed as a release, waiver, discharge, and covenant not to sue the Releasees on the basis that I contracted the infection of COVID-19 or any other illness or injury while on the Pilates Center of Rockville premises.

I have read the above Policies and Waiver/Release and I agree to the terms/conditions stated herein.

Signature: _____
(Parent or Guardian if under age 18)

Date: _____