



Align Pilates, LLC
REGISTRATION & WAIVER

Registration & Waiver for Align Pilates, LLC.:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell number: _____ Home number: _____

Email: _____

I understand that I, _____ (print name), will be participating in a fitness program with Align Pilates, LLC. that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve strains, sprains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury associated with any fitness program. Consequently, I am cleared to work out and do not require a doctor's note to be in this fitness program with Align Pilates, LLC. Before starting this program, I was asked to provide information regarding my health history and any limitations that I may have. I was also asked if I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation. I am not using any medication or medical treatment other than those that I listed on the Medical History form. I understand that by signing this statement, I am agreeing not to hold Align Pilates, LLC., or any of it's employees responsible for any bodily injury or property damage that I may suffer as a result of participation at Align Pilates, LLC. As such, I understand and agree that Align Pilates, LLC shall not be liable for any body injury or property damage that may either result either directly or indirectly from my participation in the Align Pilates, LLC program.

Printed Name: _____

Signature _____ Date: _____

10 SESSIONS YOU FEEL BETTER • 20 SESSIONS YOU LOOK BETTER
30 SESSIONS YOU HAVE A COMPLETELY NEW BODY JOSEPH H. PILATES



Align Pilates, LLC
MEDICAL HISTORY FORM

Date _____

Name _____

Date of Birth _____ Occupation _____

Please Circle any of the below that apply:

- | | | |
|--------------------|---------------------|----------------------|
| Asthma | Heart Problems | Recent surgeries |
| Cancer | High Blood Pressure | Restless Leg |
| Back Pain/problems | Joint Problems | Scoliosis |
| Diabetes | Liver Disease | Seizures |
| Chronic illness | Osteoporosis | Shortness of Breathe |
| Fractures | Pregnancy | Smoker |

Please list your fitness background and what you are currently participating in:

Current medications:

Current therapy or Medical Care:

Anything else I should know about your background & goals for yourself:

10 SESSIONS YOU FEEL BETTER • 20 SESSIONS YOU LOOK BETTER
30 SESSIONS YOU HAVE A COMPLETELY NEW BODY JOSEPH H. PILATES



Align Pilates, LLC CLASS POLICIES

Classes last 55 minutes.

Please purchase your package in 5, 10, 20 and 30 sessions. Checks and credit cards are gladly accepted.

Prepaid sessions expire 12 months after purchase. Check in using the sign-up sheet for monitoring your used sessions, scheduling missed sessions and make-ups.

24 hour cancellation notice is critical for my small business. Please text, email or call. No-shows and last minute cancellation forfeit the session.

We will follow Fairfax County Public Schools for weather related closings. In the event of school delay, a decision will be made based on road conditions the night before or that morning.

PARKING: (MAIN AP STUDIO ONLY) To prevent blocking other clients we must alternate parking by class. 8:30 and 10:30 park in drive. 9:30 and 11:30 park on road in front of my house. Please be sure to come and go quietly so the other group is not disturbed. There will be a waiting room for you to change into your socks and stretch.

These policies are in place to assure all clients receive the experience and exercise they want from Align.

THANK YOU!

~Align Wellness Team

www.alignpilatesvienna.com