

Renaissance Pilates Registration Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Who referred you? How did you hear about Renaissance Pilates?

Do you have any injuries, aches or pains? (Recent or old) Please describe.

Are there any other health concerns such as Asthma, Diabetes, or High Blood Pressure? Are you on any medications?

Have you had any past training in Pilates? When and where?

What are your goals from this program?

Please check one:

- 4 week Intro to Pilates Workshop \$199.00
- Single Pilates mat session \$19.00
- 10 Class Mat card (good for 3 months) \$165.00
- 20 Class Mat card (good for 6 months) \$290.00
- Xtend™ (Prices Vary)
- Apparatus Pilates Session (Prices Vary)

Waiver of Liability and Informed Consent Release

This release, Waiver and Hold Harmless Agreement is made by and between the undersigned and **Renaissance Pilates, LLC** along with its owner **Danielle Buccellato**, and entered into on the day, month and year noted below.

I subscribe to and accept the following: Renaissance Pilates, LLC. shall not be liable for any damages arising from any personal injuries sustained by a guest or a member on or about the premises of **Renaissance Pilates, LLC**. A guest or a member, in attending the program(s) at **Renaissance Pilates, LLC**. And using its facilities and all Equipment, (including small and large) does so at his/her own risk. A guest or a member assumes full responsibility for any injuries, or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release, and discharge **Renaissance Pilates, LLC.**, its owners, employees and agents from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting or arising out of a member's or a guest's use or intended use of the facilities and equipment of **Renaissance Pilates, LLC**. I warrant, represent and agree that I am in good physical condition and have no disability, impairment, or ailment preventing me from engaging in active or passive exercise that will be detrimental or inimical to my health, safety, comfort, or physical condition if I do so engage and participate. **If my health condition changes or I become pregnant, I agree to inform Renaissance Pilates, LLC. and provided a note of my condition stating that I may continue my current exercise regimen. I will take full responsibility of my health and/or pregnancy should I decide to continue with any exercises at Renaissance Pilates, LLC.** I will avoid doing any exercises that my physician advises me not to do. I understand that **Renaissance Pilates, LLC.** does not provide any insurance coverage for me or any of my guests. **Renaissance Pilates, LLC** shall not be responsible for the loss of theft of, or damage to the personal property of a guest or member. On behalf of myself, my heirs, beneficiaries, administrators and personal representatives, I waive all claims for injuries or damages arising out of my use of the equipment of the participation in the programs and hereby release **Renaissance Pilates, LLC.**, as well as its officers, directors, assigns, members, agents and employees from all such claims arising out of my equipment participation in the programs of **Renaissance Pilates, LLC**.

Please note the terms and conditions of the Pilates Sessions

- I agree to obey all rules and regulations of **Renaissance Pilates, LLC**.
- I understand that **Renaissance Pilates, LLC.** requires a **twenty-four (24) hours notice for any change or cancellation.** I will be billed for any session booked if twenty-four (24) hours notice is not given.
- I understand that **10 class mat cards expire three (3) months** from purchase date and all reformer cards including 5 and 10 session cards expire 6 months from purchase date.

Today's Date Client's Signature

Client's Name (please print)