



310 Second Street SE  
Charlottesville, VA 22902  
434 975 3800  
trupilates.com

# registration

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

:: How did you hear about **tru PILATES**?: \_\_\_\_\_

:: Have you taken Pilates before?  Yes  No Where?: \_\_\_\_\_

:: What are your specific health and fitness goals? \_\_\_\_\_

:: List all previous and current physical activities: \_\_\_\_\_

:: Please list any injuries, physical impairments, surgeries, ailments, illnesses, pregnancies or significant medical treatment: \_\_\_\_\_

:: Are you pregnant?  Yes  No

:: Do you have osteoporosis?  Yes  No

By signing my initials here, I declare myself to be responsible for my own health and safety while participating in sessions at tru PILATES, LLC: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name/Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY AND CANCELLATION POLICY:

I understand that I, \_\_\_\_\_, will be participating in a fitness program through tru PILATES that will require physical exertion. I recognize that there is a risk of injury associated with any fitness program. I also understand that a medical examination is advisable before beginning any program of physical conditioning or exercise. I have or will continue to keep tru PILATES fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that neither tru PILATES nor its instructors are engaged in diagnosing or treating medical conditions. I also acknowledge that there are no physical or mental limitations other than those that I have listed above.

I further understand that by signing this statement, I am agreeing not to hold tru PILATES, or any of its employees, owners, agents or insurers, responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through tru PILATES, at home or elsewhere. As such, I understand and agree that tru PILATES, its employees, owners, agents or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through tru PILATES.

In case of teacher illness or emergency, another tru PILATES instructor will be automatically substituted. We will try to notify each client whenever possible.

**CANCELLATION POLICY:** I acknowledge that a cancellation less than 24 hours before a scheduled class will result in a session fee. No exceptions. PACKAGES ARE NON-REFUNDABLE.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE READ THE POLICIES AND NOTICES ABOVE AND, BY SIGNING THIS DOCUMENT, UNDERSTAND AND AGREE TO THE TERMS AS STATED.