



310 Second Street SE  
 Charlottesville, VA 22902  
 434.975.3800  
 trupilates.com

# REGISTRATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Best Phone \_\_\_\_\_ Okay to text?  Yes  No  
 Occupation \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

◇ 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 current physical activities. \_\_\_\_\_  
 \_\_\_\_\_  
 ◇ Are you pregnant?  Yes  No  
 ◇ Do you have osteoporosis?  Yes  No Osteopenia?  Yes  No T score \_\_\_\_\_  
 ◇ Please list any injuries, physical impairments, surgeries, ailments, illnesses, pregnancies, or significant medical treatments where indicated in the waiver below.

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

Please initial to the left of each paragraph and sign as indicated.

\_\_\_\_\_, I, \_\_\_\_\_, will be participating in fitness sessions through tru PILATES, either virtually or in person, that will require physical exertion (the "Program"). 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 acknowledge that neither tru PILATES nor its instructors are engaged in diagnosing or treating medical conditions.

\_\_\_\_\_, I have and 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 represent that the following are all of my conditions, ailments, injuries and surgeries (Please list injuries and conditions here):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Continued on reverse*

**tru REGISTRATION, cont.**

\_\_\_\_\_ I agree that I will not participate in the Program if I am sick, not feeling well, have an elevated temperature, or have been exposed to any contagion, including COVID-19. I agree that I alone am responsible for my health and safety while I am on the Premises or participating in the Programs and will take all necessary precautions to protect myself as recommended by the Centers for Disease Control.

\_\_\_\_\_ I agree to fully assume all responsibility for any risks, conditions, injuries, sickness, death or damages, known or unknown, which might occur or aggravate as a result of my participation in the Program. I understand that virtual instruction does not include direct teacher supervision and agree that I am responsible for my own well-being when participating in both virtual and in-person classes.

\_\_\_\_\_ I knowingly, voluntarily, and expressly waive any claim I or anyone on my behalf may have against tru PILATES, its owners, managers, employees and independent contractors and the Premises landlord ("Landlord"), for any injury, condition, sickness, death, damages or loss of personal property that I may incur as a result of being on the Premises or participating in the Program.

\_\_\_\_\_ I, for myself and my heirs and legal representatives release, waive, discharge and covenant not to sue tru PILATES, its owners, managers, employees and independent contractors for any injury, condition, sickness or death which occurs, is caused by or is aggravated by reason of my presence on the Premises or participation in the Programs.

\_\_\_\_\_ I, for myself and my heirs and legal representatives, agree to indemnify and hold harmless tru PILATES, its owners, managers, employees and independent contractors from all liability, claims, indebtedness and expenses (including attorneys' fees) which are asserted or assessed as a result of or in connection with my being on the premises or participating in the Program.

\_\_\_\_\_ I agree that all dues, tuition and registration fees paid by me are non-refundable for any reason, including tru PILATES inability to offer the Programs due to force majeure, to include anything beyond the control of tru PILATES, acts of God, acts of government authorities, lack of utilities, fire, flood, disease, epidemics, pandemics, war and acts of terrorism.

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 12 hours before a scheduled class will result in a session fee. No exceptions. NO REFUNDS.

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.