

Align Pilates, LLC REGISTRATION & WAIVER

Registration & Waiver for Align Pilates, LLC.:

Name:			
Address:			
City:	State:	Zip:	
Cell number:	H	ome number:	
Email:			
in a fitness program with most common injuries of dizziness, fainting and/injury associated with a not require a doctor's restarting this program, wany limitations that I many medical treatment program. There is no su other than those that I statement, I am agreein for any bodily injury or Align Pilates, LLC. As sofor any body injury or prom my participation in	th Align Pilates, LLC. the symptoms associated or discomfort in breath any fitness program. Conte to be in this fitness was asked to provide in ay have. I was also asked that might make it unsuch limitation. I am not listed on the Medical Hang not to hold Align Pilates, I understand and a property damage that in the Align Pilates, LLC in the Align Pilate	mat will require physical exemple of with exercise involve stransing, I recognize that there ensequently, I am cleared to program with Align Pilate of formation regarding my held if I am taking any medicate for me to participate in using any medication or mistory form. I understand that each, LLC., or any of it's eman a result of pagree that Align Pilates, LLC may either result either direct program.	ertion. Although the ains, sprains, is a risk of serious of work out and does, LLC. Before ealth history and ations or receiving this fitness edical treatment hat by signing this ployees responsible participation at C shall not be liable ectly or indirectly
By signing this paper I a			
Printed Name:			
Signature:		Date	

"Pilates is a complete coordination of body, mind, and spirit."



Align Pilates, LLC MEDICAL HISTORY FORM

Date				
Name				
Date of Birth	Occupation			
Please Circle any of the below th	nat 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 Breath		
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 abou	ut your background & goals fo	or yourself:		

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Align Pilates, LLC CLASS POLICIES

Evolution Studio

216 Dominion Rd NE, Vienna, VA 22180

Classes last 50 minutes. Please purchase your package in 5, 10, 20, 30 (includes 1 free session), & 50 (includes 2 free sessions), or a Subscription membership.

Group Class: \$40 per student, per session.

Unlimited Group Class Subscription: \$350 Monthly

Private Session: \$85 - \$100 per session

Semi-Private/Duet Session: \$65.

Demos: \$85 each

Payment Methods: Cash, Check, Major Credit Card, Venmo, and PayPal.

Prepaid sessions do expire. Group Classes booked with 2 or fewer students may

be canceled or consolidated,

Align Pilates uses StudioBookings to purchase and book classes. Please follow these steps to set up your account. Schedule & pay at alignpilateshhi.com

- 1. Create an account
- 2. Set up your profile
- 3. Sign digital waiver
- 4. Purchase class credits
- 5. Schedule your classes

For a video walkthrough please scan the QR code.



LATE CANCEL & NO SHOW POLICY: A cancellation within 24 hours of your class is subject to a \$10 late cancellation fee. If you book a class and don't show up, we cannot refund your credit and you will be charged a \$10 no-show fee. You will be subject to a \$35 fee if you are an unlimited pass member. We understand that life happens, please reach out to Annabel if there is an emergency (703-728-0651)

CELL PHONE POLICY: Please be mindful to keep cell phones on silent or vibrate to avoid disturbances throughout classes. If you're expecting a call and need to step out for a minute please let your instructor know before the start of class. These policies are in place to ensure all clients receive the experience and exercise they deserve.

www.alignpilatshhi.com