



**RELEASE & WAIVER :**

I do agree to voluntarily take part in exercise provided by Anna L Valle and any contracted teacher at Rivers Run Pilates and Specialty Fitness. It is my decision to participate in sessions at the studio. I have knowledge of my own body and it's ability to perform exercises. I agree to inform instructor if I feel pain, fatigue or any other symptom when I am at the studio or performing exercise. I have answered this questionnaire truthfully. I understand that, as with any exercise program, there are risks. I declare that I am physically sound and I agree to release and hold harmless, Anna L Valle, studio owner, Rivers Run Dance and Fitness, LLC, DBA Rivers Run Pilates and Specialty Fitness (hereto referred to as "the studio").

This liability release includes but is not limited to, any and all injury resulting from my use of equipment or participation in any class or activity offered by Anna L Valle at the studio and any contracted instructor, the misuse or malfunction of any equipment in the studio, any instruction, training, supervision or recommendations offered by Anna Valle or any contracted instructor at the studio, slip or fall while at the studio or on the surrounding property.

I release and hold harmless Anna L Valle, Rivers Run Pilates and Specialty Fitness if I contract a virus (example: including Covid19, Coronavirus, Flu, SARS, or similar), bacteria, or other communicable disease.

I agree to practice good hygiene before, during and after being at the studio and participating in exercise with Anna L Valle or any contracted instructor. I agree NOT to attend sessions if I feel sick or have a fever or injury. I agree to let Anna or any instructor at the studio know if I am unwell, in any way and will abide by Rivers Run Pilates and Specialty Fitness policy to NOT be at the studio unless I am well and of sound mind and body. If I come to a session, injured, Anna has the right to cancel the session because that is a violation of stated policy.

I understand that I should seek the advice of a medical professional before doing exercise, or beginning any new exercise formats.

Having read & understood this document and Release of Liability statements & I do willingly, with out reservation, place my

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**SESSIONS & PURCHASES:**

ALL purchases are final and non-refundable. Sessions may be transferred to another client or prospective client. All session purchases do expire 6 months from purchase unless modified with consent from Anna L Valle. 24 hour CANCELLATION is required. If you do not show for the session, or fail to cancel in the allotted time, you will still be charged for the session. Emergency exceptions with communication to owner, only.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Questionnaire (required) - ALL answers kept confidential.

Have you currently or have you previously been diagnosed with any of the following conditions - Check Yes or No

- |                              |                           |                          |  |                           |                          |
|------------------------------|---------------------------|--------------------------|--|---------------------------|--------------------------|
| Chest Pain                   | <input type="radio"/> Yes | <input type="radio"/> No | Spine/Disk Problems  | <input type="radio"/> Yes | <input type="radio"/> No |
| Arthritis (any form)         | <input type="radio"/> Yes | <input type="radio"/> No | High Blood Pressure  | <input type="radio"/> Yes | <input type="radio"/> No |
| Back Pain                    | <input type="radio"/> Yes | <input type="radio"/> No | Osteopenia   | <input type="radio"/> Yes | <input type="radio"/> No |
| Intestinal/Bowel Problems    | <input type="radio"/> Yes | <input type="radio"/> No | Osteoporosis   | <input type="radio"/> Yes | <input type="radio"/> No |
| Cancer                       | <input type="radio"/> Yes | <input type="radio"/> No | Currently Pregnant   | <input type="radio"/> Yes | <input type="radio"/> No |
| Circulation Problems         | <input type="radio"/> Yes | <input type="radio"/> No | Seizures   | <input type="radio"/> Yes | <input type="radio"/> No |
| Dizziness or Fainting        | <input type="radio"/> Yes | <input type="radio"/> No | Shoulder Issues<br><i>(such as impingements, rotator cuff tears)</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| Fever In The Last 48 Hours   | <input type="radio"/> Yes | <input type="radio"/> No | Knee or Hip Issues   | <input type="radio"/> Yes | <input type="radio"/> No |
| Heart Condition/Heart Attack | <input type="radio"/> Yes | <input type="radio"/> No |  |                           |                          |

Surgeries we should be aware of: \_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis?  Yes  No

If yes, what is the medication for? \_\_\_\_\_

Does this medication affect your ability to exercise to achieved your fitness goals? \_\_\_\_\_

Have you ever done pilates before?  Yes  No If yes, mat or equipment?  Mat  Equipment

Please list any fitness goals you would like to achieve in the next few months. \_\_\_\_\_

Favorite recreational activities: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If you were referred, who told you about our services? \_\_\_\_\_

NOTES - Please include any additional explanations or anything you want us to know about here: \_\_\_\_\_