Pilates Center at Goucher College

1021 Dulaney Valley Road, Baltimore, MD 21204 (410) 337-6469

| Name: | | |
|--------------------------|------------------------|--|
| First | Middle | Last |
| Address: | | |
| City: | State: | Zip: |
| Telephone: Day | | _ Eve |
| Email: | | |
| Sex: | Birth Date: | |
| Parent/Guardian (if | under 18 yrs.): | |
| Emergency Contact | Name | Telephone |
| | | s that limit your ability to exercise? If yes, |
| | | |
| Do you have any experie | nce with the Pilates M | ethod? If so, with whom and how long? |
| | | |
| | | |
| Areas of weakness or mu | scle tension: | |
| How were you referred to | o us? | |

(over)

I,______, hereby enroll in a program of Pilates workshops, workouts, sessions, and/or classes including, but not limited to, using body-conditioning machinery during my Pilates workouts (the "Exercise Program"). I hereby affirm that I am in good physical condition and do not suffer from any condition that would contribute to injury.

I am fully aware of the risks and hazards of the Exercise Program, which include, but are not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, and knee/lower back/foot injuries.

I understand that Goucher does not require me to participate in the Exercise Program and I voluntarily elect to participate in the Exercise Program.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

- In consideration of my participation in the Exercise Program, I agree to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Goucher College, the Board of Trustees of Goucher College, and its officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all loss, liability, claims, causes of action, damages, court costs and/or attorneys' fees whatsoever arising out of or related to any loss of property, or personal or bodily injury, including death, that I may sustain while participating in the Exercise Program. This release includes any losses caused or alleged to be caused, in whole or in part, by the NEGLIGENCE of RELEASEES, to the fullest extent allowed by law (but not for gross negligence or willful or wanton conduct).
- I further AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, court costs and/or attorneys' fees that they may incur due to my participation in the Exercise Program, including that caused in whole or in part by the NEGLIGENCE of RELEASEES, to the fullest extent allowed by law (but not for gross negligence or willful or wanton conduct of RELEASEES).
- It is my intent that this Waiver and Hold Harmless Agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased.

24 Hour Cancellation Policy

The undersigned hereby indicates that I am financially responsible for payment of Pilates apparatus lessons on the day of appointment. In addition, I agree to give 24 hour notice for the cancellation of all appointments. Should I fail to give adequate 24 hour notice, I agree to pay for the missed visit. I have read and understand the policies and procedures.

Refunds, Withdrawals, and Credits

Any client who withdraws before the first class will be given a refund or credit, less a \$25 processing fee. Refunds cannot be given after the first class, but credits can be issued upon client notification, less a \$25 processing fee. Credits are not transferable.

I hereby affirm that I have read and agree to the above.

| Client Signature | Date |
|-----------------------------------|------|
| If Client is under the age of 18: | |
| Parent/Guardian name (print) | Date |
| Parent/Guardian signature | Date |