

THE RETREAT AT PONTE VEDRA BEACH

THE GROVE and THE RETREAT AT PONTE VEDRA BEACH
FITNESS WAIVER

Name _____ Date: _____

Birthday: _____ e-mail : _____ @ _____

Address: _____

City, State, Zip: _____

Telephone: _____ (home) _____ (cell) _____ (work)

Emergency Contact: Name: _____ Relationship: _____

Telephone: _____ (home) _____ (cell) _____ (work)

Do you currently exercise regularly? Yes / No
If Yes what kind of exercise? _____

How did you hear about us? _____

Do you have ANY current OR past Injuries/Medical Conditions?

** Complete the information below as it applies to you. If you are pregnant or less than 8 weeks postpartum, please talk with your doctor about the fitness class you are enrolled in as well as complete the Pre/Post-Natal Fitness Class Health History Form and Waiver. Please provide a note from your doctor to your fitness instructor BEFORE beginning your exercise class if applicable.

Table with 3 columns: Question, Yes, No. Rows include: Heart problems, High blood pressure, Lung problems, Diabetes, Seizures, Dizziness, High blood cholesterol, Difficulty exercising, Muscle, joint or back disorders, Chronic illness, Advised by physician not to exercise, Overweight, more than 20 pounds, Surgery within the last 3 months, Family History of heart problems.

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Cancellation Policies:

- ◆ Sessions will begin and end promptly as scheduled.
- ◆ Regardless of arrival time, sessions will end at the scheduled time.
- ◆ 24-hour notice of cancellation is required to avoid being charged for appointments & classes. Please cancel online or call or message your instructor directly.
- ◆ If you wish to cancel your session, you must not only cancel and give 24 hours notice. Failure to do so will result in a late cancellation charge. Please see your instructor for policy.
- ◆ Late cancellations and no-shows will be charged the full amount of the scheduled session.
- ◆ In case of last-minute instructor illness or emergency, we will make every attempt to keep your appointment time by booking you into another instructor's schedule. If you do not wish to exercise this option, please let your instructor know in advance so that we may contact you to cancel.

Purchase Policies

- ◆ Advance payment is required to sign up for classes.
- ◆ Special promotions and packages may have unique expiration dates. All purchases are non-refundable and non-transferable.

Waiver:

- ◆ Prior to any session, a Waiver of Liability must be completely filled out and signed.

Rules:

- ◆ Please be courteous of others while sessions are in progress.
- ◆ We kindly ask that you turn off your cell phone before entering the studio, to avoid interruptions to you and others during their sessions.
- ◆ Please refrain from strong wearing scents or perfume to class.

AGREEMENT:

I HAVE READ THE ABOVE POLICIES AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Please sign: _____ Date _____

Printed Name: _____