**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal for Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_Yellow Pages \_\_Newspaper \_\_Web Page

\_\_Friend (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you taken Pilates before? \_\_\_\_

Circle All That Apply:

Do you have: arthritis or any joint disorders?

High blood pressure or other heart problems?

Spinal problems? If yes, please explain:

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

Do you exercise or participate in any sports? If so, what kind and how often?

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

Have you had any recent surgeries, broken bones, major accidents, etc.? If yes, please

explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical condition of which we should be aware before giving your

session? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Women only, are you pregnant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assumption of Risk Agreement and Release of Liability

1. Pilates is not a substitute for medical examination and/or diagnosis. It is recommended that I see a Physician for any physical ailment that I may have. I understand that the Pilates Trainer does not diagnose illness, disease or any other physical or mental disorder. Likewise, the Pilates Trainer does not prescribe medical treatment or pharmaceuticals, nor does the Pilates Trainer perform any spinal adjustments. Because Pilates/body work should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the Pilates Trainer’s part should I fail to do so.

Client’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I understand there are risks, both known and unknown, associated with the activities and programs of Studio P3. It is further my intention to provide written proof that I have knowingly assumed all known and unknown risks and I further state that I am aware of the risks of participating in the activities and programs of Studio P3 that I may volunteer to participate in and I am aware that not all risks may be known and I expressly assume the risk of all known and unknown risks.

Client’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. In consideration of gaining membership or being allowed to participate in the activities and programs of Studio P3 and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Studio P3 and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities of liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Studio P3 or the use of any equipment at Studio P3.

Client’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. This waiver shall be in effect each time I use the services and/or facilities of Studio P3 or the premises where the same is located.

Client’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancellation and Refund Policy

If you need to cancel a scheduled appointment, you must notify your trainer at least **24 hours** in advance or you will be held responsible for a late cancellation **fee of $10-$20 per session** that you missed. If you miss a scheduled appointment, due to anything other than an emergency, you are responsible for this payment.

If you are part of a Duet or Trio, the other **members of your group will be held responsible for the remainder of the balance** should you not attend a scheduled session (with or without a proper cancellation). (ie: members of a Duet would be responsible for Private session cost, members of a Trio would be responsible for a Duet session cost). It is also common courtesy of you to notify your group as well as the instructor if you are planning to miss a session, and know in advance.

You may transfer sessions to a friend or family member if you are unable to continue sessions, however no refunds will be issued for packages purchased in advance.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_