



Today's Date _____



Certified Pilates Instructor

Name _____
Address _____
City _____ State _____ Zip _____
Last Physical Exam _____
Height _____ Weight _____
Age _____ Birthdate _____
Emergency Contact _____
Phone _____

Mobile Phone _____

Work
Phone _____

Home
Phone _____

Email _____

Referred By

_____ Friend/Client _____ Trainer _____ Doctor/P.T.
_____ Website _____ Massage _____ Flyer
_____ Other-Specify _____

I want to provide you with the highest quality of service possible.
The following will be used to design your personal fitness program.

Medical History

_____ High Blood Pressure-Specify _____
_____ Heart Ailment-Specify _____
_____ Dizzy Spells or Fainting _____
_____ Hospitalized for Illness, Injury, or Surgery-Specify _____
_____ Currently on Medication-Specify _____
_____ Pregnancy-Specify _____
_____ Other _____

Have you had any injuries, sprains, surgeries to any of the following:

Foot	Ankle	Calf	Knee	Hip
Hand	Wrist	Elbow	Shoulder	Upper Back
Mid Back	Low Back	Neck	Head	

If yes, please specify

What are your fitness goals?

To the best of my knowledge, all the above statements are complete and true.

Signature _____ Date _____

Studio Policy Agreement

Studio Policies/Client Commitment

- * All sessions and classes are 55 minutes in length.
- * **24-hour notice of cancellation is required to avoid being charged for appointments and classes.**
- * **Late cancels and "No shows" will be charged the full amount of the scheduled session.**
- * All packages are non-refundable. Packages may be transferred to studio credit for a \$20 administrative fee.
- * If in a trio group and one client cancels, within 24 hours, the remaining students need to make up the difference in pay rate from trio to duet, of \$6 each.
- * If in a duet and one client cancels, within 24 hours, the remaining student may take a ½ hour private for the cost of a duet or pay the difference for a full hour private.
- * 5-session packages are valid for 90 days from the date of purchase.
- * Instructors for group classes may be substituted without notice.
- * Many people are sensitive to perfumes so please refrain from using them before your visit.
- * Cell phones must remain on silent or vibrate in the studio unless given instructor consent.

Discomforts and the Risk of the Exercise Program

You may be a little sore or fatigued after you begin your exercise program. As you improve, these minor discomforts should decrease. However, if these symptoms persist you should consult your physician. It is noticed however, that when you change your program, do a new type of exercise or increase intensity, you may again experience minor discomforts.

Inquires

Before signing this form, please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over. I have volunteered to participate in a program of progressive physical exercise.

Signature _____ Date _____

All participants prior to involvement in the exercise program should obtain a physician's examination. If the participant refuses to obtain a physician's permission, s/he must sign the following statement.

I have been informed of the need for a physician's approval for the participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

Signature _____ Date _____

Liability Release/Waiver

As a trainee, I agree to the details shown above and understand that these specific workout times with a professional trainer, have been reserved for me. I have fully disclosed my health history and clearly stated my personal goals to ensure a more accurate exercise prescription. It is expressly agreed that all uses of studio facilities shall be undertaken by client or guest at her/his sole risk, and that the studio nor trainer shall be liable for any injuries or any damages to any client or guest, or be subject to any claim, demand injury or damages whatsoever, including without limitation, those damages resulting from acts active or passive negligence on the part of the studio, Pilates with Anne, Maldonado's Renew, its trainers, officers, or agents. The client for herself/himself and on behalf of her/his executors, administrators, heirs, assigns and successors from all such claims, demands, injuries damages, actions or courses of action.

Signature _____ Date _____