



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE/HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US? (Please circle)**

Friend Drive by Website Facebook Yelp Groupon/Living Social Advertisement Print Publication

Referral (Names please) \_\_\_\_\_ OTHER: \_\_\_\_\_

**These Medical conditions may affect your ability to exercise. Please check those that apply to you.**

*(Teachers: Please discuss quietly/privately with client)*

- \_\_\_ High Blood Pressure
- \_\_\_ Heart ailment – Specify: \_\_\_\_\_
- \_\_\_ Family History of heart disease or stroke: \_\_\_\_\_
- \_\_\_ Heart Palpitations
- \_\_\_ Chest pains
- \_\_\_ Dizzy spells \_\_\_ Fainting: \_\_\_\_\_
- \_\_\_ Difficulty Breathing or \_\_\_ Asthma: \_\_\_\_\_
- \_\_\_ Hay Fever or \_\_\_ Allergies-Specify: \_\_\_\_\_
- \_\_\_ Shortness of breath from mild exertion: \_\_\_\_\_
- \_\_\_ Seizures: \_\_\_\_\_
- \_\_\_ Diabetes- Specify \_\_\_ Type I \_\_\_ Type II \_\_\_ Insulin Dependent: \_\_\_\_\_
- \_\_\_ Cancer: \_\_\_\_\_
- \_\_\_ High Cholesterol
- \_\_\_ Osteoporosis: \_\_\_\_\_
- \_\_\_ Medications currently taking: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

**Major Surgeries:** \_\_\_\_\_

**Back problems or back pain?** \_\_\_\_\_

**Problems in the joints, muscles, ligaments or tendons?** \_\_\_\_\_



## STUDIO POLICIES

### Please initial the following:

\_\_\_\_\_ Payment is due before services will be rendered. We accept Credit Cards, checks or cash. Class availability is first come, first serve.

\_\_\_\_\_ There is a flat rate charge for class packages. You may use your equipment class package toward a Mat class even though there is a price difference. There must be at least two people signed up in order for the class to make.

\_\_\_\_\_ **24-HOUR CANCELLATION POLICY: If you are going to miss a scheduled class...with 24 hours notice, we will allow you to reschedule your class or private session. Without 24-hours notice, you will be charged for your missed class or private session. Your 24-hours notice gives someone else an opportunity to reschedule their missed class in your place.**

\_\_\_\_\_ We do not guarantee you a class to reschedule in. If there is not an open spot in the class you would like to reschedule, you can put your name on the waiting list. When someone else cancels, you will be notified.

\_\_\_\_\_ Some of our class packages come with a free class(es)! Free classes are yours to miss or take as a bonus.

\_\_\_\_\_ All Private session and Class packages have a 30 day expiration. All classes or private sessions and packages are to be completed within a 30 day period and do not carry over to the next month. No refunds.

Thank you!  
Performance Pilates

**RELEASE AND WAIVER OF LIABILITY:**

I understand that participation in physical activity at Performance Pilates & Fascia may be physically strenuous and I voluntarily participate with full knowledge that there is risk of personal injury, property loss or death. I affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit participation in physical activity. I acknowledge that participation will be physically and mentally challenging, and agree that it is my responsibility to seek competent medical or other professional advice regarding any concerns involved with my ability participate. I am capable of participating in physical activities at Performance Pilates and agree to assume all risk and responsibility for exceeding my own physical limits. I agree that Performance Pilates & Fascia is in no way responsible for the safekeeping of my personal belongings while I attend class. I, my heirs, assigns the next of kin, agree to fully release Performance Pilates & Fascia (as well as any of its owners, related entities, employees, or other authorized agents, including Independent Contractors) from any and all liability, claims and/or litigation actions for injuries, disability, death or other damages of any kind, including but not limited to punitive damages, arising out of participation but not limited to Pilates training, even if caused by negligence, or any other type of fault of Performance Pilates & Fascia, it's owners employees or other authorized agents including Independent Contractors.

I acknowledge that I am solely responsible for my health. I, on behalf of myself and my family, successors, survivors, heirs and personal representatives, unconditionally waive, release and discharge my exercise leaders and any person or entity associated therewith, from any and all liability, claims, and demands. Losses, costs, expenses and damages what so ever resulting from injuries sustained by me or damage to my property as a result of my participation in this physical fitness program, including, without limitation, those resulting from act of active, passive or gross negligence.

MEMBER SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Parent or Guardian (needed if participant is under the age of 18)