



19875 Southwest Freeway #200
713-301-5007
getpilates@performance-pilates.com

Client Name: _____

Address: _____

City, ST Zip: _____

Date of Birth: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

How did you find out about us? (Please circle)

Friend Drive by Google Website Facebook Yelp Other _____

Referral (Names please, so we can thank them!): _____

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

- ___ High Blood Pressure
- ___ Heart ailment - Specify _____
- ___ Dizzy Spells
- ___ Difficulty breathing ___ Asthma
- ___ Allergies ___ Hay fever
- ___ Shortness of breath from mild exertion
- ___ Seizures
- ___ Diabetes
- ___ Cancer _____
- ___ Osteoporosis
- ___ Medications currently taking _____
- ___ Other: _____

Major Surgeries: _____

Back Problems or back pain? _____

Pain or problems in the joints, muscles, ligaments or tendons? _____

PLEASE INITIAL THE FOLLOWING:

PAYMENT:

___ All sessions are pre-paid. Amount paid is non-refundable. Sessions must be completed within the package time frame. Sessions are not transferable without our written consent.

24-HOUR CANCELLATION POLICY:

___ If you cancel or reschedule a session within 24 hours of your appointment time it will count as a used session. This policy is strictly enforced with no exceptions.

___ All class and private session packages renew every 30 days and do not carry over to the next 30 day period

MAKEUP POLICY:

___ If you cancel your class or private session 24 hours before your appointment, you may reschedule. Makeups must be scheduled within your paid month.

___ If you are going to be away for a month or more, your class or private session package can be put on "Hold" with 10 days prior notice. The "Hold" month will be added to the end of your current contract.

WAIVER OF RELEASE AND LIABILITY:

___ I voluntarily and knowingly agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to release, waive, and discharge The Company, its directors, officers, owners, employees, volunteers, independent contractors, agents, assigns, successors, vendors, suppliers, equipment manufacturers, lessors, consultants, other clients, and all others associated with them (collectively "all others") from all liability from any and all claims, demands, or suits arising from the acts, failure to act, or conduct of any of them arising from their negligence (whether ordinary or gross), breach of duty, or any other theory of legal liability for (1) any physical or emotional injury or illness suffered by me (including death) arising from my attending Performance Pilates or using its equipment, facilities, services, products, and/or premises; and (2) any damage to, loss of, or theft of my property.

INDEMNIFICATION AND HOLD HARMLESS:

___ I agree on behalf of myself, my spouse, my heirs, personal representative, assigns, and anyone else claiming by or through me to indemnify and hold harmless Performance Pilates and all others by paying all costs and attorneys' fees they incur in investigating and defending a claim or suit if such claim or suit is withdrawn, or if a court determines for whatever reason (including the enforceability of this agreement, that The Company and or others are not liable for the injury or loss.

CONSENT TO PHYSICAL CONTACT:

___ It is sometimes necessary for a trainer to physically touch a client to attain the proper form for an exercise. I hereby consent to such appropriate physical contact.

CLIENT SIGNATURE: _____

DATE: _____