



Client Contact Information

Name _____
Address _____
City _____
State _____ Zip _____

Email Address _____
Cell Phone _____
Home Phone _____
Work Phone _____
Birthdate _____

In Case of Emergency Contact: Name _____ Telephone Number _____

Referred by:

Newspaper <input type="checkbox"/>	Client/Trainer _____
Website <input type="checkbox"/>	Doctor/Health Professional _____
Facebook <input type="checkbox"/>	Other _____

We require a 24 hour cancellation for all private and reformer class sessions. Sessions not cancelled in advance will be charged at the full rate of service. Cancellations of Monday sessions scheduled before noon must be made by noon the previous Friday.

Client signature: _____ Date: _____
Parent/Guardian Signature _____ Date: _____
(under the age of 18)

(See Other Side.)

INFORMED CONSENT/RELEASE FOR PARTICIPATION IN PILATES AND CORRECTIVE EXERCISE TRAINING

NAME: _____ DATE: _____

1. PURPOSE AND PROCEDURE. I understand that the program/private lesson is designed for my benefit, which may or may not be realized. I understand this is not a diagnosis or treatment for any current, future, or preexisting medical condition.

2. CONSENT. I understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment.

I hereby consent to:

- (i) engage in an acceptable plan of corrective exercise training and initial dynamic and static movement;
- (ii) participate in Pilates and or corrective exercise training activities which are designed for me for improvement of, discomfort/pain, stress management, and health/fitness educational activities; and
- (iii) to the physical contact for the stated reasons above.

3. RISKS. I further understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

4. FOR YOUR PROTECTION. Before engaging in any physical training I understand it is recommended that I consult my doctor.

If I am taking prescribed medications, that are pertinent to the training, I have already so informed the trainer and further agree to so inform her promptly of any changes which my doctor or I have made with regard to use of these.

5. INQUIRIES AND FREEDOM OF CONSENT. I have been given an opportunity to ask questions as to the procedures.

6. RELEASE OF LIABILITY. In exchange for the opportunity to participate in Pilates/ corrective exercise, and/ or Equipment rental as applicable, I hereby for myself and for my heirs, successors, assigns, beneficiaries, relatives and legal representatives waive and release all claims, including future claims, known or unknown against The Pilates Place or its employees, members, owners for any personal injury, property damage/loss, or wrongful death whether caused by negligence or otherwise. I further agree that neither I, my heirs, successors, assigns, beneficiaries, relatives and legal representatives will sue or make any other claims of any kind whatsoever.

I have read this Informed Consent form, fully understand its terms, and sign it freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____