



## Group Class - New Client Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to Whole Pilates? | How did you hear about us?

\_\_\_\_\_

Are you currently experiencing any health concerns or physical pain that could impact your ability to participate in a Whole Pilates fitness class or program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any of the following conditions:

Partial or Full Joint Replacement

If yes, explain \_\_\_\_\_

Osteoporosis or Osteopenia

Postpartum (in the past year)

High or Low Blood Pressure

Spinal Stenosis

If yes:  cervical,  lumbar

Disc Herniation

If yes:  cervical,  lumbar

Have you had any previous Pilates experience? If so, when and where?

\_\_\_\_\_

\_\_\_\_\_

What are your goals for participating in a Whole Pilates fitness program?

\_\_\_\_\_

\_\_\_\_\_



## Whole Pilates Liability Release Form

I understand that the process of doing Pilates may involve dialog, questions regarding my history, previous injuries, current status, etc., and that my clear and complete responses to these questions will determine the quality and safety of the exercises.

I understand that Pilates involves unique equipment that I may not be familiar with; that the equipment is constructed of moving parts, springs, and levers; and that the movement of my body and the apparatus could result in the possibility of falling or being trapped by the moving parts. I understand that my clear and focused involvement is necessary for my physical improvement and safety.

I understand that my participation may require the instructor to move me or ask me to move my body in ways that are new to me, and it is possible that in these movements pain or injury may occur or be exacerbated. I understand that it is my responsibility to communicate clearly and promptly with my instructor, telling the instructor of any pain, discomfort, medical findings, or physical limitations.

I understand that it is my sole responsibility to consult with a physician prior to my participation in Pilates to determine my fitness level and safety of participation. I understand that a doctor's release will be requested to participate in an individualized Pilates program if I have recently experienced a new injury/illness or if pregnant, post-partum, or have concerns of osteoporosis, multiple sclerosis or other significant neurological or physical dysfunction. \_\_\_ **Initial**

I recognize and understand that there are risks of physical injury inherent in participation in any physical exercise program and that those risks are increased with the use of exercise equipment, particularly the unique equipment used in Pilates instruction. I also understand that exercise equipment, particularly the moving parts, may be subject to fatigue or other wear and tear that may not be readily apparent to the user or to the Pilates studio. I knowingly assume the risks involved in taking Pilates instruction, using Pilates equipment and exercising at this location.

In consideration of my participation I hereby waive any right to sue Lawrence International, d/b/a Whole Pilates, its instructors, employees and agents and release them from any future claim resulting from accident or ordinary negligence that I or my estate, heirs or assigns may have for property damage or personal injury, including wrongful death.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*(Parent/guardian sign if under 18)



## Payment & Cancellation Policy

Cancellations and rescheduling must be done 24 hours prior to the class or appointment start time. No-shows or less than 24-hour notice will be charged for any missed sessions. Any cancellation and/or rescheduling after the 24 hour window will be considered a "Late Cancel". A Late Cancel informs the instructor of the late cancellation but will still forfeit the session and charge the account.

I have read and voluntarily agree to the terms and conditions stated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_