



Client Information Form

Name _____ Date of Birth _____

Address (city/state/zip) _____

Home Phone _____ Cell Phone _____

E-mail _____ Occupation _____

Goal for Session _____

Emergency Contact Name _____ Phone _____

Relationship to you _____

Referred By: Facebook Print Ads Web Search

Friend (name) _____

Yes No

Have you taken Pilates/Yoga/Barre before? (Circle all that apply)

Do you have arthritis or any joint disorders?

Do you have high blood pressure or other heart problems?

Do you have any spinal problems? If yes, please explain:

Do you exercise or participate in any sports? If so, what kind and how often?

Have you had any recent surgeries, broken bones, major accidents, etc.? If yes, please explain:

Do you have any medical condition of which we should be aware before giving your session?
If so, please explain: _____

Women only: are you pregnant, trying to conceive or postpartum less than 6 weeks?

YES – I have had problems with:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Arm |
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Middle Back | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Ribs |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hip/Pelvis | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle/Foot |

Assumption of Risk Agreement and Release of Liability

1. Pilates/Yoga/Barre is not a substitute for medical examination and/or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the Instructor does not diagnose illness, disease or any other physical or mental disorder. Likewise, the Instructor does not prescribe medical treatment or pharmaceuticals, nor does the Instructor perform any spinal adjustments. Because Pilates/Yoga/Barre work should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the Instructor's part should I fail to do so.

Initial _____

2. I understand there are risks, both known and unknown, associated with the studio, activities and programs of Bay Area Pilates. It is further my intention to provide written proof that I have knowingly assumed all known and unknown risks and I further state that I am aware of the risks of participating in the activities and classes of Bay Area Pilates that I may volunteer to participate in and I am aware that not all risks may be known and I expressly assume the risk of all known and unknown risks.

Initial _____

3. I, the undersigned, in consideration of gaining membership or being allowed to participate in the activities and classes of Bay Area Pilates and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Bay Area Pilates and its officers, owners, employees, representatives, instructors, and all others from any and all responsibilities of liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Bay Area Pilates or the use of any equipment at Bay Area Pilates.

Initial _____

4. This waiver shall be in effect each time I use the services and/or facilities of Bay Area Pilates or the premises where the same is located.

Initial _____

Client Signature _____ Date _____

(Parent signature if under 18)

Cancellation and Refund Policy

If you need to cancel a scheduled appointment, you must notify your instructor at least 24 hours in advance or you will be held responsible for payment. If you miss a scheduled appointment, due to anything other than an emergency, you are responsible for payment. There are no refunds given for prepaid sessions or packages. All class packages can be shared with family members but are non-transferrable.

Client Signature _____ Date _____