



the
PILATES
HOUSE

Client Information

NAME _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone Numbers: Pleased indicate if there is a preferred number you would like us to use.

(C) _____

(H) _____

(W) _____

Email address: _____

Health Profile

1.) Do you have any injuries or physical conditions that should be considered before starting an exercise program? (Ex. low back pain, joint pain, osteoporosis, hip replacement, high blood pressure, heart disease, etc.) If so please describe. Use back of form if necessary.

2.) What are the fitness and health goals you would like Pilates and/or Gyrotonic® to help you achieve?

3.) Are you currently physically active? If so, what activities do you participate in and how often?

4.) Do you have any previous experience with Pilates or Gyrotonic®? If yes, please explain.

5.) How did you find out about the Pilates House?

Cancellation Policy

The trainers at *The Pilates House* work on a scheduled appointment basis. In order to use our time more effectively and to allow other clients to schedule their sessions, we require that you give a **24-hour notice** when canceling or changing a scheduled appointment. A Late Cancellation will mean a forfeit of the session. We apologize for this necessity and hope that you in turn appreciate our availability in scheduling you.

Payment for Services will be required on or before your scheduled session. All packages are non-refundable and expire after 6 months of purchase date.

I agree that all of the above information I have provided is correct. I have read and agreed to the above cancellation policies.

Signature: _____ **Date** _____

Trainer's Signature: _____ **Date** _____

Waiver of Liability and Informed Consent Release of The Pilates House

I, _____, volunteer to participate in a personal fitness program of physical exercise. I recognize that possibility of certain changes that might occur during or following an exercise session. These changes might include abnormalities in blood pressure or heart rate. I hereby acknowledge and accept these risks.

I understand that in order to experience any improvement in my present physical fitness and to achieve my fitness goals as set down, a specific exercise plan will be given to me. The program may involve aerobic activity, strength and flexibility exercises and will be designed to place a gradually increasing workload on my body in order to improve overall fitness.

Although I will be under supervision and observed during an exercise session, I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will inform my trainer and will alter or cease my participation.

I have been informed that a physician's approval is preferred prior to participation in an exercise program and understand the possibility for risk. I accept complete responsibility for my health and well-being in this voluntary exercise program and related testing and understand that no responsibility is assumed by the individual directing me in this program.

In the event that a medical clearance MUST be obtained prior to my participation in this exercise program, I agree to consult with my physician and obtain written permission prior to the commencement of any exercising.

I agree that *The Pilates House* shall not be responsible or reliable for any articles lost, stolen, or damaged.

I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that any questions regarding the exercise program have been answered to my satisfaction.

I agree to assume the risk of said exercise and further agree to hold harmless *The Pilates House*, from any and all claims that may result from injury or death, accidental or otherwise during or arising in any way from the exercise program.

Signature _____

Date _____

Trainer's Signature _____

Date _____