

The Pilates ActivCore Studio- New Client information & Waiver

Name: _____

Address:

Phone:

Email:

Birthdate:

Emergency Contact:

Phone:

1. Do you have any surgeries, injuries, aches or pains? Please describe old and recent concerns:
 - a. Old :
 - b. Recent :
2. Are there any health issues? (Asthma, diabetes, high blood pressure, migraine headaches, medications, etc.)
3. Are you presently doing any other kinds of therapy? (Massage, chiropractic, physical therapy)
4. What sports or exercise programs you are involved in for physical activity.
5. Have you had any past training with Pilates? If so where?

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Describe a typical day physically? At work (sitting at computer, lifting) At home (gardening, golf)

6. What are your goals? (What would you like most from this program?)

Waiver of Liability & Consent Release

I understand that consultation with a medical practitioner is recommended prior to beginning any program of regular exercise. I understand that this exercise and conditioning program, like any physical conditioning activities or exercise program, presents some unavoidable risk of injury, especially to people who have preexisting conditions, illnesses or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury.

I have and will continue to keep the Pilates ActivCore Studio (PAS) staff and associates fully informed of any physical condition or disability that would prevent or limit my participation. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, PAS staff and independent contractors are not engaged in diagnosing or treating medical deficiencies. If pregnant, I will provide a physicians note approving my participation with Pilates.

I expressly assume all risk of my participation in the special exercise program conducted by PAS, its officers, directors, employees, trainers and contractors as a result of injury resulting from or related to my participation in this special exercise program. The studio shall not be liable for any articles lost, stolen or damaged.

I understand that the studio will not issue refunds for any unused Pilate's classes, all packages expire after 4 months from last visit and packages/special offers will expire after 1 month or the date specified on the promotion.

Cancellation Policy: I understand I must provide 24 hour cancellation to avoid being charged for a session I cannot attend. The day before will not be acceptable unless it is 24 hours in advance. If the spot can be filled there will be no charge.

Please sign below to agree you have read and agree with this policy.

Signature: _____ Date: _____