

Momentum

Pilates Studio

Pilates Services Client Information Form

Name _____ Date of Birth _____

Address _____

Day Phone _____ Evening Phone _____

E-mail _____

Occupation _____ Employer _____

Goal for Session _____

Emergency Contact Name _____ Phone _____

Referred By: Yellow Pages Newspaper Web Page

Friend (name) _____

Yes No

Have you taken Pilates before?

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?

YES – I have had problems with:

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

Assumption of Risk Agreement and Release of Liability

1. Pilates 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 Pilates Trainer does not diagnose illness, disease or any other physical or mental disorder. Likewise, the Pilates Trainer does not prescribe medical treatment or pharmaceuticals, nor does the Pilates Trainer perform any spinal adjustments. Because Pilates/body 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 Pilates Trainer's part should I fail to do so.

Initial _____

2. I understand there are risks, both known and unknown, associated with the activities and programs of Momentum Pilates Studio. 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 programs of Momentum Pilates Studio 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 programs of Momentum Pilates Studio and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Momentum Pilates Studio and its officers, agents, employees, representatives, executors, 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 or machinery 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 Momentum Pilates Studio or the use of any equipment at Momentum Pilates Studio.

Initial _____

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

Initial _____

Client Signature _____ Date _____

Cancellation and Refund Policy

If you need to cancel a scheduled appointment, you must notify your trainer 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 and please oblige the expiration dates when they apply. You may transfer sessions to a friend or family member if you are unable to continue sessions.

Client Signature _____ Date _____