

New Client Contact/Health Information

(This information will stay confidential) Please PRINT!

First Name: _____ Last Name: _____

Home Address: _____

City / Zip Code: _____

Telephone Cell: _____ Home: _____

Work: _____

E-mail Address: _____ Date of birth: _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about us? _____

Has a doctor ever restricted your physical activity? Yes / No Why? _____

Have you had any injuries? (Specify) _____

Are you currently seeing a health practitioner? Yes / No Why? _____

If yes, do you have medical consent to participate in Pilates? Yes / No

Have you done Pilates before? _____ Mat? _____ Apparatus? _____ Private? _____

Waiver of Liability and Informed Consent Release

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment. I must notify Dharmaspace Pilates Center, LLC. at least 24-hours in advance or I will be held responsible for payment in full.

EXPIRATION POLICY: New client packages are valid 1 month. All other packages are valid 3 months, unless otherwise noted.

I have enrolled in a program of instruction in the Pilates method of physical conditioning offered by Dharmaspace Pilates Center, LLC. I have been advised and I understand that participation in Pilates method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep Dharmaspace Pilates Center, LLC. fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither Dharmaspace Pilates Center, LLC. nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs of Pilates method conditioning conducted by Dharmaspace Pilates Center, LLC. and waive any claim which I might otherwise bring against Dharmaspace Pilates Center, LLC its officers, shareholders, employees, trainees and contractors as a result of injuries resulting from or relating to my participation in Pilates method conditioning programs.

Dharmaspace Pilates Center shall not be responsible or liable for any articles lost, stolen or damages, in or about the studio.

I understand that equipment classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

In the case of teacher illness or emergency, another Pilates Center teacher will be automatically substituted. We will try to notify each client whenever possible.

I have read and understand the cancellation policy and the expiration policies of Dharmaspace Pilates Center LLC.

Signature (Parent/Guardian if under 18): _____ Date: _____