



## CLIENT PROFILE

Name \_\_\_\_\_ DOB \_\_\_\_\_

Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Pilates Goals \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Injuries &/or Surgeries \_\_\_\_\_

Metal Implants/Pins/Screws Yes  No  Where? \_\_\_\_\_ Pregnant Yes  No

Referred by \_\_\_\_\_ Previous Pilates Experience Yes  No

## DISCLAIMER

I understand the various risks associated with an exercise program and it is my desire to participate. I have not withheld any relevant information regarding my physical condition, which may affect me during or following a session. It is my responsibility to consult with a medical physician if necessary before working with Pilates Fit and I agree to inform Pilates Fit of any changes to my medical history. I agree the instructor is not responsible for any injuries sustained to me during my exercise sessions. I hereby release Pilates Fit and the instructor from any responsibility.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## CANCELLATION POLICY

I understand Pilates Fit enforces a **24 hour cancellation policy**. If I do not cancel my scheduled appointment or group session within 24 hours, I will be charged in full.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLASS AND WORKSHOP POLICY

I understand that workshops, private sessions, and group sessions must be paid in advance or by the day of the appointment and will **expire within 6 months** of booking date. All sessions and workshops purchased are non-refundable and non-transferable.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_