



Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Best Number to Contact: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Preferred form of Communication: phone email text

Reason for Visit to Pilates in the Grove:

- Pilates for Fitness
- Pilates for Rehabilitation
- Physical Therapy

Are you covered by Medicare: Y N

Were you referred by a Physician: Y N

Do you have any injuries, surgeries, illness that we should be aware of: Y N

If Yes, please describe: _____

Are you pregnant: Y N If Yes, Due Date: _____

How many times a week do you currently exercise: _____

What is your prior Pilates Experience:

- Group Class on Reformer
- Group Class on Mat
- Private/Semi Private Sessions
- This is my first Pilates Experience

How did You Hear about the Studio?

- Another Client Name: _____
- Internet Search (Google, Yelp, Bing)
- Walk-By
- Doctor Referral Name: _____
- PITG Instructor Name: _____
- Flyer/ Promotional Card/ Online Promotion
- ClassPass
- Other _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

- 1. That I am participating in the Pilates classes offered by Pilates in the Grove, LLC in which I will receive information and instruction about Pilates and health. I recognize that Pilates requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Pilates Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Pilates Classes, Health Programs or Workshops.
- 3. In consideration of being permitted to participate in Pilates Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
- 4. In further consideration of being permitted to participate in Pilates Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Pilates in the Grove, LLC for injury or damages that I may sustain as a result of participating in the program.
- 5. I hereby authorize Pilates in the Grove, to publish photographs taken of me, and my name and likeness, for the use of Pilates in the Grove’s print, online and video-based marketing materials, as well as other company publications.
- 6. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Pilates in the Grove, LLC for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT