



NEW CLIENT FORM

Client Name: _____

Male Female Birthdate (MM/DD/YYYY): ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

Best way to reach you: Home Phone Cell Phone

Email: _____

I would prefer not to receive email.

Emergency Contact: _____

Relationship: _____ Phone: ____-____-____

Have you ever done Pilates before? Yes No

How did you hear about Pilates Fitness Center? _____

I understand that if I must cancel a scheduled appointment, I must notify Pilates Fitness Center at least 24 hours in advance or I will be held responsible for the session fee.

Signature: _____ Date: ____/____/____

Please send this completed form to Virginia Geurkink at:
geurkink@ymcanorman.org
or bring it in to the Pilates Fitness Center.



**PILATES
FITNESS
CENTER**

Informed Consent/Waiver of Liability

I hereby certify that I am voluntarily participating in a physical conditioning and corrective exercise program with Pilates Fitness Center. I hereby affirm that I am in good physical condition, have my physician's approval, and do not suffer from any disability that would prevent or limit my participation in the program. All of my injuries and illnesses past and present have been fully disclosed in writing to Pilates Fitness Center Instructors. In addition, I certify that I understand the potential risks of the program like any physical 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 have and will continue to inform and update PFC staff of any physical condition or disability as it occurs that would prevent or limit my participation in a physical conditioning program. I understand that a medical consultation is recommended prior to beginning any program of exercise. If I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform the instructor immediately. I also understand that I will be working out without shoes in an environment that may house equipment, including weights, and do so at my own risk. I understand that a general open Pilates class is contra-indicated for certain conditions, including but not limited to osteoporosis.

I agree to release from all liability and to indemnify Pilates Fitness Center, its officers, directors, agents, and all representatives from and against all claims, actions, judgements, costs, expenses, and demands with respect to injury, loss, death, or damage to my person or property in connection with my taking part in the above stated program now or in the future. It is understood and agreed that this agreement is to be binding on myself, heirs, executors, administrators, and assigns.

Pilates Fitness Center will not be responsible or liable for any articles lost, stolen or damaged in or around the studio. Payment is expected prior to training sessions. Monday appointments must be canceled by Saturday at 4:00 PM.

_____ (Initial here) I agree that I am not being treated for a condition or injury. This is a wellness approach to fitness.

I certify that I have read the above and understand it. Intending to be legally bound hereby, I make this agreement on (today's date) ____/____/____.

Client Signature: _____

Witness: _____