

# NEW CLIENT FORM

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal

Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (Cell preferred)

E-mail \_\_\_\_\_

Birthday \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

What is your occupation? What do you typically do daily? \_\_\_\_\_  
\_\_\_\_\_

What are your goals? What do you want most from this program? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_  
\_\_\_\_\_

## RISK ASSESSMENT

Do you have any injuries, aches or pains? (recent or old) Please explain \_\_\_\_\_  
\_\_\_\_\_

Pregnant YES NO

Heart Disease YES NO

Asthma YES NO Inhaler? YES NO (if "yes", please bring it to every class)

Shortness of Breath or Chest Pain YES NO

High Blood Pressure YES NO Levels: \_\_\_\_\_

High Cholesterol Level YES NO

Significant Bone/Joint/Muscle Pain YES NO Location: \_\_\_\_\_

Back Pain YES NO

Cigarette Smoking YES NO Levels: \_\_\_\_\_

Abnormal Resting EKG YES NO

Diabetes YES NO Insulin Dependent? YES NO

Any other? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you presently doing other kinds of therapy? YES NO What kind? (e.g. massage, chiropractic, etc.)

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Are you active? YES NO

Sports, Activity or Exercise: \_\_\_\_\_

Times per week: \_\_\_\_\_

Minutes per session: \_\_\_\_\_

Are you currently taking any medication(s)? YES NO Type: \_\_\_\_\_

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Additional Comments

1. In consideration of participating in "Activity" at The Pilates Shoppe and Wellness , I agree and acknowledge that I am fully aware that participation in the Activity involves risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.

2. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "Released Party" means Core Studio Pilates and Yoga, LLC or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff.

3. I agree and acknowledge that:

a. I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.

b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.

c. I am aware that if the Activity occurs outdoors, the streets adjoining the area of the Activity are open to regular vehicular traffic during the Activity and I will obey all traffic laws and regulations.

4. I accept full responsibility for any product or technology loaned to me as part of participation in this Activity and commit to return the same in good working order.

5. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any recourses which I may now or hereafter have resulting from any decision of any Released Party.

6. I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross

negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

7. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that:

a. there may be no aid stations available for the Activity.  
b. if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

8. I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician's advice.

9. I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of the Activity which may depict, record or refer to me for any purpose ("Likeness"), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

10. No warranties or representations have been made to me about the Activity which are not stated on this form. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity

11. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

12. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

13. I hereby acknowledge that I may be required to use an automobile to travel to and from the Activity or as part of the Activity. I hereby acknowledge that I have the authority to use such automobile and that the automobile is fully insured for use in the Activity. I accept full responsibility for the automobile and that use of the automobile in the Activity will be at my own risk.

I also understand that (please initial);

\_\_\_\_\_ All payments are non-refundable for any reason, including, but not limited to vacation, illness and injury.

\_\_\_\_\_ The scheduling and content of activities may be changed on occasion.

\_\_\_\_\_ I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

\_\_\_\_\_ I am responsible for bringing my required equipment to every activity (where applicable).

\_\_\_\_\_ If I am pregnant or plan to become pregnant during course of the Activity, I will submit a Doctors letter for Pregnancy,  
a guideline for health screening prior to participation in a fitness class.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Participant Signature \_\_\_\_\_

Date