

LIABILITY RELEASE

DATE: _____

I subscribe to and accept the following:

Inner Balance Pilates and teaching staff shall not be liable for any damages (including death) arising from any personal injuries sustained by a client on or about studio premises, or within the client’s home or may occur to him/her during any class with Inner Balance Pilates instructors. The client does hereby fully and forever release and discharge Inner Balance Pilates and their employees from any and all claims, demands, damages, rights of action, or cases of action, present or future, resulting from or arising out of his/her class or private session at or with Inner Balance Pilates.

I agree that I am in good physical condition and have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or that will be detrimental to my health, safety, comfort, or physical condition if I do so engage or participate. I agree that if there are any questionable health issues or concerns, I have consulted and received permission from a medical doctor prior to participating in any form of physical exercise, more specifically Pilates and Yoga at Inner Balance Pilates.

******* CANCELLATION POLICY *******

PRIVATE/SEMI-PRIVATE SESSIONS:

To prevent being billed for a session not attended, we require at least 24 hours notice for ANY changes or cancellations of booked sessions (private or semi-private). This rule is strictly enforced with no exceptions granted. As spots are of high demand, this allows for those on the waiting list to book a session.

GROUP CLASSES:

If you will be unable to attend your scheduled group class, please tell your instructor as soon as possible. If you do not cancel in advance, you will not be eligible for a make-up session for that missed class. As our group classes are full, this allows for those students needing make-up sessions the opportunity to do so.

PLEASE INITIAL AFTER READING

*****PREPAID SESSIONS ARE NOT REFUNDABLE*****

Name (please print): _____

Address: _____

City/Zip Code: _____

Telephone: (h) _____ (c) _____ (w) _____

Email Address: _____ Date of Birth: _____ / _____ / _____

Emergency Contact & Phone: _____

SIGNATURE: _____

HEALTH ASSESSMENT

1. Who referred you to Inner Balance Pilates? _____

2. What are your short-term goals? Long term goals?

3. What is your occupation? _____

4. Which of the following describes your activity at work: (circle all that apply)

- High stress
- Low stress
- Physically active
- Standing
- Sitting
- Driving
- Repetitive movement

5. Do you have any injuries, aches or pains? Please describe:
Past _____

Present _____

6. Do you have any medical conditions? (i.e. high blood pressure, asthma, allergies, fibromyalgia, chronic fatigue syndrome, pregnancy, other?)

List any medications:

7. Please list physical activities you participate in (sports, running, yoga, weight training)

8. Has your doctor ever restricted you from engaging in physical activity?

9. Have you ever participated in a Pilates class? _____
If yes, where? _____