

PILATES STUDIO 1
5508 South Dixie Hwy
West Palm Beach, FL. 33405
561 493-4966

CONFIDENTIAL

CLIENT INFORMATION

Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email Address _____ Primary Physician _____ Phone _____

IN CASE OF EMERGENCY CONTACT: Name _____ Home Phone _____ Cell _____
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If you are planning to change your current physical activity, check with your physician, especially if you check any of the following medical or orthopedic conditions listed on the following page.

Describe your personal Pilates goals: _____

How did you hear about us? Friend _____ Client _____ Drive by _____ Google _____ Other _____

**Informed Consent of 24 Hour Cancellation Policy for Private and Semi Private Sessions
And 12 Hour Online Cancellation for Group classes.**

I, _____, understand that Pilates Studio 1 operates under a mandatory 24 hour cancellation policy for Private and Semi private sessions.

If I choose to cancel a previously confirmed Private or Semi Private appointment, I assume the responsibility of informing Pilates Studio 1 at least 24 hours prior to the scheduled time. I am aware I can cancel a Private appointment by speaking with an employee or by leaving a message on the studio telephone answering machine. **Group Class** cancellations are done **online only, 12 hours in advance.**

If I cancel a confirmed appointment with less than 24 hours notice, or a class with less than 12 hours notice, I agree to be held responsible for payment at the agreed upon rate for the cancelled appointment and/or class.

<p>If you have a cold, fever or other illness related symptom, please do not attend your session until you feel well and your condition is over.</p> <p>Advise your fitness professional of any change in your physical condition and/or if you have to answer yes to any of the above.</p> <p>It is your responsibility to inform your instructor immediately when you feel discomfort or have any physical problems during exercise.</p> <p>Your instructor reserves the right to terminate your exercise session if he or she feels your health has compromised your ability to safely exercise.</p> <p>“Thank you for choosing Pilates Studio 1. Have a wonderful time improving your health and fitness”.</p> <p>I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.</p> <p>Name _____ Date _____</p>

PILATES STUDIO 1

INFORMED CONSENT TO PARTICIPATION IN EXERCISE PROGRAM AND WAIVER OF LIABILITY

I _____, wish to participate in a fitness program which will be designed and administered by the staff of *Pilates Studio 1* based upon what they, in their professional judgment, feel is appropriate. I understand that my participation in this program is voluntary and that I am free to deny consent to participate in the program at any time that I so desire.

I understand that the response of the heart, lungs, and blood vessel system to exercise cannot always be predicted with accuracy. I appreciate that there is a risk of certain changes occurring during or following an exercise session. In light of these potential risks, I recognize the importance of truthfully informing the staff of *Pilates Studio 1* of all prior medical complications of which I am aware, which might be affected by this fitness program. With full appreciation of the various hazards and risks associated with an exercise program, it is my desire to participate in the exercise program offered by *Pilates Studio 1*. I expressly accept and assume all of the risks of injury that may come about as a result of my participation.

I UNDERSTAND THAT I SHOULD STOP EXERCISING IMMEDIATELY IF I DETECT ANY DISCOMFORT OF ANY SORT DURING THE COURSE OF THE EXERCISE PROGRAM.

I agree to give up any rights that I may have against *Pilates Studio 1* or any of its staff members, in connection with any injuries and damages that I might receive as a result of my participation in this program. Additionally, in the event that any member of the staff of *Pilates Studio 1* is sued, or a claim is brought by me, or by someone on my behalf, I agree to ensure that *Pilates Studio 1* staff member does not have to pay or suffer any damages of any sort, including the payment of any judgments or settlements. I will pay for all of the attorneys' fees, costs, and expenses that they incur in the defense of the lawsuit, upon demand, and they will retain the right to designate the attorneys of their choice.

I declare under penalty of perjury, under the laws of the State of Florida, that the foregoing is true and correct, and that I received a copy of this document. Executed this _____ day of _____, 201____, in the City of West Palm Beach, FL.

Signature: _____

PILATES STUDIO I

5508 South Dixie Highway

West Palm Beach, Fl. 33405

561-493-4966

Pilates Studio I is registered with the State of Florida as a Health Studio Facility –
Registration #HS6324

Thank you for your trust and confidence in our facility and instructors. Our commitment to you is to provide the highest standards of mind-body exercise, close supervision and skilled certified instructors. This Contract is provided for your protection for any pre-paid instruction pursuant to the *Health Studio Florida Statutes ss. 501.012-501.019*.

A. Pilates Studio I provides for penalty-free cancellation of the contract within 3 days, exclusive of holidays and weekends, of its making, upon the mailing or delivery of written notice to Pilates Studio I, and refund upon such notice of all monies paid under the contract, except that Pilates Studio I may retain an amount computed by dividing the number of occasions Pilates Studio I's services are to be rendered into the total contract price and multiplying the result by the number of complete days that have passed since making the contract or, if appropriate, by the number of occasions Pilates Studio I's services have been rendered. A refund shall be issued within 30 days after receipt of the notice of cancellation made within the 3-day provision.

B. Pilates Studio I provides for the cancellation and refund of the contract if the contracting business location of Pilates Studio I goes out of business, or moves its facilities more than five (5) driving miles from the business location designated in such contract and fails to provide, within 30 days, a facility of equal quality located within five (5) driving miles of the business location designated in such contract at no additional cost to the buyer.

C. Intent to cancel by the buyer shall be given in writing to Pilates Studio I. Such a notice of cancellation from the consumer shall also terminate automatically the consumer's obligation to any entity to whom Pilates Studio I has subrogated or assigned the consumer's contract. Pilates Studio I wishes to enforce such a contract after receipt of such showing, it may request the Department of Agriculture and Consumer Services to determine the sufficiency of such showing.

D. If the Department of Agriculture and Consumer Services determines that a refund is due the buyer, the refund shall be an amount computed by dividing the contract price by the number of weeks in the contract term and multiplying the result by the number of weeks remaining in the contract term. The business location of Pilates Studio I shall not be deemed out of business when temporarily closed for repair or renovation of the premises:

1. Upon the sale for not more than 14 consecutive days; or
2. During ownership, for not more than seven (7) consecutive days and not more than two (2) periods of seven (7) consecutive days in any calendar year

E. Pilates Studio I advises the buyer to contact the Department of Agriculture and Consumer Services for information within 60 days should Pilates Studio I go out of business.

F. Pilates Studio I provides for cancellation of the contract if the buyer dies or becomes physically unable to avail himself of a substantial portion of those services which he used from the commencement of the contract until the time of disability, with refund of funds paid or accepted in payment of the contract in an amount computed by dividing the contract price by the number of weeks remaining in the contract term. This contract requires the buyer or the buyer's estate seeking relief under this paragraph to provide proof of disability or death. A physical disability sufficient to warrant cancellation of the contract by the buyer shall be established if the buyer furnishes Pilates Studio I a certification of such disability by a physician licensed under Chapter 458, 459, 460, or Chapter 461 provided the diagnosis or treatment is within the physician's scope of practice.

G. Pilates Studio I requires the buyer to furnish identification upon entry to the facility and as a condition of using the services of the health studio. Pilates Studio I shall provide the buyer with the means of such identification.

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H. Pilates Studio I is exempt from posting a security. As a result, the Department of Agriculture and Consumer Services requires that Pilates Studio I makes the following disclosure to individuals purchasing pre-paid classes.

SHOULD YOU (THE BUYER) CHOOSE TO PAY FOR ANY SERVICES IN ADVANCE, BE AWARE THAT YOU ARE PAYING FOR FUTURE SERVICES AND MAY BE RISKING LOSS OF YOUR MONEY IN THE EVENT THIS HEALTH STUDIO AND/OR THIS BUSINESS LOCATION CEASES TO OPERATE. THIS HEALTH STUDIO IS NOT REQUIRED BY FLORIDA LAW TO PROVIDE ANY SECURITY, AND THERE MAY NOT BE OTHER PROTECTIONS PROVIDED TO YOU SHOULD YOU CHOOSE TO PAY IN ADVANCE.

PILATES STUDIO I POLICIES

(please initial each space)

- Informed consent for exercise is signed.**
- You provide a list of any physical problems which may be aggravated by exercise determined by you or your doctor.**
- You agree to notify the instructor before your class or session of any new physical problems, changes in medication or any situation that may affect your ability to exercise.**
- The instructor may decide to not exercise you because it appears that it may be compromising your health or safety.**
- Please remove your shoes upon entering the studio.**
- Remember to drink plenty of water before, during and after you exercise at the studio.**
- In order to receive a discount per class, you may purchase a series of pre-paid classes. Please make sure you understand the expiration dates on each series.**
- All pre-paid classes are non-refundable and non-transferable, with the exception of situations described in Section A, B and F above (e.g., unable to exercise due to disability) of the Contract between Pilates Studio I and the Client.**
- Clients who are unable to attend their regularly scheduled private session due to illness or other emergencies should cancel through our website. We do not guaranty we will get voicemails, text messages or emails in time to avoid full charges.. 24 hour cancellation online is necessary for PRIVATE and SEMI PRIVATE Sessions to prevent full charges and to re-schedule your session.**
- Clients who are unable to attend their group class should cancel online 12 hours in advance to prevent full charges. We do not guaranty we will get voicemails, text messages or emails in time to prevent full charges.**

PREPAID FEES(if any)

CLASSES _____ FEE \$ _____ DATE OF PAYMENT _____

PRIVATES, DUOS, or TRIO # of sessions _____ FEE \$ _____ DATE of payment _____

Thank you for your participation at Pilates Studio I. I have read this entire form, provided the Studio with any and all my known physical limitations and have no further questions.

CLIENT SIGNATURE _____ DATE _____

COPY GIVEN TO CLIENT _____

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(please initial each space)

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- ___ You agree to notify the instructor before your class or session of any new physical problems, changes in medication or any situation that may affect your ability to exercise.
- ___ The instructor may decide to not exercise you because it appears that it may be compromising your health or safety.
- ___ Please remove your shoes upon entering the studio.
- ___ Remember to drink plenty of water before, during and after you exercise at the studio.
- ___ In order to receive a discount per class, you may purchase a series of pre-paid classes. Please make sure you understand the expiration dates on each series.
- ___ All pre-paid classes are non-refundable and non-transferable, with the exception of situations described in Section A, B and F above (e.g., unable to exercise due to disability) of the Contract between Pilates Studio I and the Client.
- ___ Clients who are unable to attend their regularly scheduled private session due to illness or other emergencies should cancel through our website. We do not guaranty we will get voicemails, text messages or emails in time to avoid full charges.. 24 hour cancellation online is necessary for PRIVATE and SEMI PRIVATE Sessions to prevent full charges and to re-schedule your session.
- ___ Clients who are unable to attend their group class should cancel online 12 hours in advance to prevent full charges. We do not guaranty we will get voicemails, text messages or emails in time to prevent full charges.

PREPAID FEES (if any)

CLASSES _____ FEE \$ _____ DATE OF PAYMENT _____

PRIVATES, DUOS, or TRIO # of sessions _____ FEE \$ _____ DATE of payment _____

Thank you for your participation at Pilates Studio I. I have read this entire form, provided the Studio with any and all my known physical limitations and have no further questions.

CLIENT SIGNATURE _____ DATE _____

COPY GIVEN TO CLIENT _____

MEDICAL RELEASE FORM

Name _____

Age _____ Gender _____

Have You Ever Been Treated or Diagnosed by a Physician For:

- Arthritis
- Chronic Fatigue Syndrome
- Diabetes
- Fibromyalgia
- Heart Disease/ Stroke
- High Blood Pressure
- Gastric Reflux
- Glaucoma
- Multiple Sclerosis
- Orthopedic/Joint Problems
(shoulder/elbow/spine/hip/knee)
 - Anterior Cruciate Ligament Knee Injur
 - Facet Joint Syndrome
 - Herniated or Bulging Disc
 - Spondylolisthesis
 - Stenosis
 - Total Hip Replacement
- Osteoporosis/ Osteopenia
- Scoliosis
- Peripheral Neuropathy
(numbness/tingling/diminished sensation)
- Rheumatoid Arthritis
- Other _____

Are you pregnant? Yes No

Prior Deliveries: _____

Prior Surgeries: _____

Prior Injuries:

- Adhesive Capsulitis (frozen shoulder)
- Carpal Tunnel Syndrome
- Plantar Fascitis
- Rotator Cuff Impingement
- Thoracic Outlet Syndrome
- Other

Do you carry a list of your medications?

Yes No

Activity Level/Exercise frequency: _____

Prior Movement Experience? (dance, yoga)
