

BALANCE & GRACE PILATES

NEW CLIENT FORM

165 N. Glendora Ave., Suite B, Glendora, CA, 91741

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Occupation: _____

Birth Date: _____ Height: _____ Weight: _____

How did you discover Balance & Grace Pilates?

List any prior experience with Pilates or other trainers. What did and didn't you like?

Current physical activity level: Beginning ____ Intermediate ____ Advanced ____

What kinds of physical activity does your typical day involve? _____

Describe your physical condition. Identify any injuries, aches, pains, limitations, past surgeries, current or past medical treatments:

Have you had any of the following:

____ High Blood Pressure ____ Heart Problems ____ Diabetes ____ Arthritis ____ Asthma
____ Osteoporosis ____ Scoliosis ____ Lower Back Problems ____ Spinal Stenosis

If female, are you pregnant? ____ Yes ____ No Prior Deliveries _____

If you have been, or are currently, under a physician's care, do you have the physician's release to participate in a physical conditioning program? ____ Yes ____ No

Fitness Goals:

Anything Else You would Like for Us to Know About You?

Policies & Rules:

- *Pre-paid training sessions are non-negotiable, non-transferable and non-refundable. _____
- *All sales are final and there are no refunds. Transfer of credit will be left to the studio owners discretion and on a case by case basis. _____
- * Sessions un-used after 12 months will maintain their original purchase amount but clients will be required to pay any difference in current price schedule if there be one. _____
- * Website and In-house Pricing Schedule is based on Cash/Check Purchases for which clients enjoy a complimentary/included 3% discount from the full listed Online Pricing Schedule. _____
- * Balance & Grace Pilates reserves the right to decline or cease service to any individual based upon the Owner’s discretion, including those currently engaged in or planning to engage in a lawsuit related to previously sustained injuries. It is your responsibility to notify Balance & Grace Pilates. _____
- * All clients are automatically included in our quarterly newsletter unless notified otherwise.
- *24 hour cancellation notice is required, otherwise the session is charged in full or, if an unlimited membership/package/pass is being used, the client must have a credit card on file that they understand will be charged a \$20 late cancellation fee _____.**

Informed Consent for Participation:

I wish to voluntarily participate in the physical conditioning program offered through Balance & Grace Pilates in an attempt to improve my health and physical fitness. I understand that the activities may include aerobic exercise to improve cardiovascular function, resistance training to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion. I also understand that any information given to me is not medical advice and is not intended to replace the advice of a physician. I agree to consult my physician before beginning or making changes to my diet and exercise program and for diagnosis and treatment of illness and medical injuries. _____

Participation Responsibility: I understand that I am responsible to monitor my own condition throughout my participation in this exercise program, and should any unusual symptoms occur, I will cease my participation in this exercise program and inform my trainer. I agree that I have consulted with a physician before participating in the program and have his/her approval. I certify that I am in good health and if that condition changes, I will notify Balance & Grace Pilates. _____

Assumption of Risk: I understand that there are inherent risks associated with participation in an exercise program including, but not limited to, muscle strains, joint sprains, aggravation of any pre-existing injuries. I also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in this program and that it is not possible to specifically list each and every individual risk. I hereby expressly assume all the delineated risks of injury along with all other possible risks of injury which could occur by my participation through Balance & Grace Pilates. _____

Waiver and Release of Liability:

I agree that Balance & Grace Pilates shall not be liable or responsible for any injuries to me resulting from participation in the program and I expressly hold harmless Balance & Grace Pilates, its owner(s), and/or agents from all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from injury, accidental or otherwise, during or arising in any way through association with, whether on and/or off the premises of, Balance & Grace Pilates.

Signature:_____

Name (Print):_____

Date: _____