

SCIENCE ART AND MOTION - PILATES AND BARRE

Personal Information

Name _____ Age _____ DOB _____ Gender _____
Address _____ City/State/Zip _____
Phone _____ Email _____
In case of emergency: Name _____ Phone _____

Medical Information/History

- YES NO 1. Any health concerns? (asthma, high blood pressure, diabetes, or other chronic illness/conditions)
- YES NO 2. Difficulty with physical exercise?
- YES NO 3. Advice from physician not to exercise?
- YES NO 4. Recent surgery (last 12 months)?
- YES NO 5. Pregnancy (now or within last 3 months)?
- YES NO 6. Injury, aches, or pain (recent or in past)?
- YES NO 7. Do you know of any other reason why you should not do physical activity?

If you selected **YES** for any of the answers, **please explain**:

Questionnaire

List any regular exercise or previous Pilates training:

Are you presently doing any other kinds of therapy (massage, physical therapy, chiropractic...)?

What is your occupation? What does your typical day involve physically (lifting, sitting...)?

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

Please list any suggestions that will help meet your goals/needs: (class times/days? class types? special groups?)

YES Are you interested in private pilates sessions that include personalized programming and one on one instruction?

YES Are you interested in using pilates equipment/apparatuses (reformer, chair, barrel, tower...)

How did you find out about us? _____

THANK YOU FOR CHOOSING SCIENCE ART AND MOTION PILATES AS PART YOUR FITNESS ROUTINE! IT IS MY PLEASURE TO SHARE THE MANY HEALTH BENEFITS OF PILATES WITH YOU!

SCIENCE ART AND MOTION



AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class, health program or workshop offered by Science, Art and Motion Pilates (Dru Parker). I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class or any other activity associated with Science, Art and Motion Pilates (Dru Parker). I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program or workshop.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the program.
4. I knowingly, voluntarily and expressly waive any claim that I may have against the Science, Art and Motion Pilates (Dru Parker) for injuries or damages that I may sustain as a result of my participation.
5. Heirs, my legal representatives and I forever release and waive any liabilities against Science, Art and Motion Pilates (Dru Parker) for any injury or death incurred by my voluntary participation in this class.

POLICIES and PROCEDURES

- Because I want you to be committed to your fitness goals and your Pilates practice - **PACKAGE EXPIRATIONS APPLY:**
 - **5 and 10 class packages expire in 3 months from date of purchase.**
 - **20 class packages expire in 6 months from date of purchase.**
- All packages are **NON-REFUNDABLE** and **NON-TRANSFERRABLE** - only the person who purchases the package can use the classes.
- If you have to cancel a class or session, a **4 HOUR CANCELLATION POLICY** is followed. If you do not give a 4 hour notice, you will be charged the full amount of the class or series. You can cancel by phone, email, or online.
- Package purchases can be made in **CASH, CHECK** (to Dru Parker) or **NOW ONLINE thru PAYPAL @ sam-pilates.com**
- **ALL SERIES CLASSES must be purchased in advance, in person or online @ sam-pilates.com**
- As a courtesy to others in the class - **PLEASE arrive on time and silence your phone.**

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I HAVE ALSO READ THE POLICIES AND PROCEDURES. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Participant: _____ Date: _____

If participant is under the age of 18, as legal guardian of:

Name of Minor _____ Date: _____

I consent to the above conditions.

Signature of Parent/Guardian of Participant: _____