



Client Information Form

Welcome to Pilates of Madison! It is our mission to empower you to be in control of your own health and well being through the Pilates Method. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Thank you!

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell Phone _____ Other Phone _____

Birth Date _____ Occupation _____

Emergency Contact _____ Phone _____

How did you hear about our studio? Who referred you to us?

Do you have any injuries, aches, or pains? (Recent or old) Please describe them.

Are there any other health concerns? e.g. asthma, diabetes, high blood pressure, medications, etc.

Are you presently doing other kinds of therapy? e.g. massage, physio, chiropractic, etc.

Are you or were you active in any sports, exercise programs, or other types of physical activity? Please describe.

Have you had any past training in the Pilates method of movement? If yet, where?

What is our occupation? What does your typical day involve physically? e.g. sitting at computer, lifting, etc.

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

Assumption of Risk Agreement and Release of Liability

1. Pilates is not a substitute for medical examination and/or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the Pilates Trainer does not diagnose illness, disease or any other physical or mental disorder. Likewise, the Pilates Trainer does not prescribe medical treatment or pharmaceuticals, nor does the Pilates Trainer perform any spinal adjustments. Because Pilates/body work should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the Pilates Trainer's part should I fail to do so.

Initial _____

2. I understand there are risks, both known and unknown, associated with the activities and programs of Pilates of Madison. It is further my intention to provide written proof that I have knowingly assumed all known and unknown risks and I further state that I am aware of the risks of participating in the activities and programs of Pilates of Madison that I may volunteer to participate in and I am aware that not all risks may be known and I expressly assume the risk of all known and unknown risks.

Initial _____

3. I, the undersigned, in consideration of gaining membership or being allowed to participate in the activities and programs of Pilates of Madison and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Pilates of Madison and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities of liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Pilates of Madison or the use of any equipment at Pilates of Madison.

Initial _____

4. This waiver shall be in effect each time I use the services and/or facilities of Pilates of Madison or the premises where the same is located.

Initial _____

Client Signature _____ **Date** _____



Cancellation and Refund Policy

If you need to cancel a scheduled appointment, you must notify your trainer at least 24 hours in advance or you will be held responsible for payment. If you miss a scheduled appointment, due to anything other than an emergency, you are responsible for payment. There are no refunds given for prepaid sessions and please oblige the expiration dates when they apply. You may transfer sessions to a friend or family member if you are unable to continue sessions.

Client Signature _____ **Date** _____