



CLIENT REGISTRATION FORM

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Daytime/Work _____

Cell _____ Email address _____

AGE _____ BIRTH DATE _____ OCCUPATION _____

GOALS: Please list 3 specific fitness or health goals you hope to achieve through the Pilates method?

BRIEF MEDICAL HISTORY: Please check if you have any or have had any of the following:

- High blood pressure, Diabetes, Cancer, Glaucoma, Low blood pressure, H.I.V., Herniated disc, Fibromyalgia, Heart Disease, Arthritis, Osteoporosis, Back pain, Phlebitis, Dizziness/Vertigo, Neck injury, Allergies, Currently under the care of a Physician for:

Other _____

SURGERY _____

MEDICATION _____

CURRENT PHYSICAL

ACTIVITIES _____

*By affixing my initial here, I declare myself to be responsible for my own health and safety while participating in classes and any other sessions at Studio BE Pilates/ Flexion LLC: _____ (Initial)

*Pre-Registration is required . Advance Reservations are recommended, but keep in mind that you will be charged without giving a 24-hour notice of cancellation. Packages are non refundable. _____ (Initial)



Waiver of Liability and Informed Consent Release and Cancellation Policy

PLEASE READ ENTIRE POLICY CAREFULLY BEFORE SIGNING.

I have enrolled in a program of exercise and physical conditioning offered by Studio BE Pilates (Flexion LLC). I understand that participation in this program, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including but not limited to, possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, and mood changes.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep Studio BE Pilates fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may not have substantial physical benefits, Studio BE Pilates (Flexion LLC) nor its employees are engaged in diagnosing or treating medical diseases or deficiencies. I further understand that many apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

For Participants in Pilates Classes Only:

I understand that from time to time, a class in Pilates method conditioning may be conducted by a Pilates method student apprentice. The student apprentice conducting the class may not have completed the full requirements for certification to teach the Pilates method.

In consideration for permission for me/the named child

to use the facilities of Studio BE Pilates (Flexion LLC) and engage in its programs, I, the do hereby release, acquit, discharge, indemnify, and hold harmless Studio BE Pilates (Flexion LLC), its officers, personnel, employees and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities and participation in the programs.

Moreover, I expressly assume all risks of my participation in the programs of Studio BE Pilates (Flexion LLC) and agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against Studio BE Pilates or Flexion LLC, its officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities and participation in the programs.



This agreement is intended to cover all claims for all injuries, fatal or nonfatal, and illnesses of every name, type, kind or nature and property damage, if any, which are or may be sustained or suffered from any cause whatsoever directly or indirectly connected with or arising out of or by reason of the use of the facilities and participation in the programs.

Furthermore, I agree to reimburse Studio BE Pilates (Flexion LLC), as required by applicable regulations and the laws of the United States of America for any costs, debts, or liabilities predicted upon the loss of, damage to, or destruction of any property owned, leased or controlled by Studio BE Pilates (Flexion LLC) which occurs as a result of the intentional or negligent acts or omissions by me. I, the undersigned, hereby agree to indemnify and hold harmless Studio BE Pilates (Flexion LLC), its officers, personnel, employees or agents against judgments obtained by me or my ward or child, as appropriate.

In addition, Studio BE Pilates (Flexion LLC) shall not be responsible or liable for any articles lost, stolen or damages, in or about the studio. In the case of teacher illness or emergency, another Studio BE Pilates teacher will be automatically substituted. We will try to notify each client whenever possible.

Initial all sections as indicated below to acknowledge.

_____ **CANCELLATION POLICY:** *I understand that if I must cancel a scheduled appointment or class reservation, I must notify Studio BE Pilates at least 24 hours in advance or I will be held responsible for payment in full. We recommend that you use the online scheduling system to cancel classes to assure that they are handled in a timely and correct manner.*

_____ *All packages (except the green package) have expiration dates. Please take note of the expiration date before purchasing the package. We will not extend expirations dates.

_____ *All classes require a reservation and either prepayment or credit card information on file.

_____ *We do not offer refunds. Package may be put on hold or refunds may be given if a medical injury occurs and prohibits physical activity. Written verification from a physician will be required.

_____ *Clients may not join a group class 10 minutes after the start time.

_____ *Clients are required to wear socks on all equipment.

I have read the policies and notices above, and by signing this document, understand and agree to the terms as stated.

Print Name

Signature (Parent/Guardian if under the age of 18)

Date

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Telephone: Work: _____ Cell: _____