

Purely Pilates Center - Client Information, Waiver and Consent Form

Please complete and turn in prior to your first session.

First and Last name

Date of birth

	__ / __ / __
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Phone number

Email

Reminders: ☐ Text ☐ Email ☐ Both

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Street address

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City, State, Zip

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Emergency Contact Name and Phone Number

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Have you ever done Reformer Pilates?

☐ Yes ☐ No

What are your other forms of exercise?

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What are your GOALS for your Pilates workouts?

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Have you ever had any of the following: Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Whiplash Back Pain |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Joint Problems |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Sprain/Fracture |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteopenia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> None |

Are you currently receiving care from any of the following? *

- ☐ Physical Therapist
- ☐ Chiropractor
- ☐ Physician
- ☐ Massage Therapist / Bodywork
- ☐ Other
- ☐ None

Are you pregnant?

- ☐ Yes
- ☐ No
- ☐ Does not apply

Have you given birth in the last year?*

- ☐ Yes
- ☐ No
- ☐ Does not apply

Please list medications you are taking for Blood Pressure, Heart Problems, Diabetes, Cancer, Seizures, Pain or Chronic Health Conditions:

Describe and date all relevant medical injuries / surgeries / physical abnormalities (if any):

BUSINESS POLICIES

By initialing this form I acknowledge and understand the following Business Policies:

_____ CANCELLATION POLICY

Purely Pilates Center enforces a 14-hour cancellation window (24 hours for private sessions). Due to the nature of scheduling group workouts, and the limited number of participants, the charge for late-cancel and no show is the full value of the service or \$15 Fee for Unlimited packages.

You are responsible for tracking your schedule via our online scheduling system. Exceptions to the late charge policy are up to the discretion of Purely Pilates Center. All services have an expiration date which appears on the purchase receipt. Services are non-refundable, non-transferrable and cannot be extended. Please cancel yourself online prior to 14 hours before a scheduled service to avoid late cancel charges.

Early Cancel (up to 14 hours before class) - FREE

Late Cancel (within 14 hours before class) - LOSE CLASS

Unlimited Packages Only — Late Cancel (within 14 hours before class) - \$15 Late Fee — Unlimited Packages Only

Classes need at least 2 participants. When a solo student is signed up, the class may be canceled and we will contact you for rescheduling. We offer one "Grace " late cancellation per year. To receive a pass, you must cancel yourself online and notify the office (via text or email) before the class starts.

_____ WAIT LIST By creating a waitlist reservation, you agree to be automatically added should a spot open up. You will be notified via email if you have been placed into the class, no less than 12 hours in advance. Please manage your reservations; once you are added to the class roster, the cancellation policy is effective.

_____ **EXPIRATION DATE** Each service has an expiration date which appears when making the purchase. WE do not grant extensions for any reason, including weather-related business closures. Classes/services unused prior to the expiration date will be forfeited.

_____ **REFUNDS** Classes, packages and gift cards are non-refundable and cannot be exchanged for other services. For unforeseen circumstances such as illness, family emergency, etc. refunds may be granted at the discretion of management with valid documentation. used classes are deducted at the SINGLE class price (\$35 for classes, \$85 for privates). Class times, formats, and instructors are subject to change without notice and this does not void any sale.

_____ **MONTHLY PACKAGES** Our system requires you to read and electronically sign a contract before making a purchase. It is your responsibility to completely understand the terms of your contract at the time of sale.

- The month begins on the date of sale. Total Duration of Contract: 3 Months; Contract will automatically renew on a month-to-month basis after the initial 3 months. Early termination fee is \$50 for canceling within the first 3 months. You may cancel in writing via email after 3 months, prior to your next billing cycle. We require 7 days' notice of termination; note we do not accept verbal requests. You are responsible for any charges once you have been auto billed. Unused classes do not roll over to the next month and are forfeited on the expiration date.
- There is an automatic \$25 drop-in fee for each additional class beyond the limits of your contract. Drop-in classes are automatically charged to your account. The software system will allow you to schedule more than the number of classes in your contract. Monitor your class usage. You agree to safely store your credit card info to facilitate auto billing and drop-in fees.
- Monthly packages include a free one week freeze per 3 month contract. Additional "freeze" is available for \$30 for a maximum of 3 months on select monthly packages (see contracts for details). In the event of illness or injury, a doctor's note is required to return to class and a \$30 freeze fee applies. Month to month packages, sales packages, and 6 week challenges are not eligible for freeze of extended time.

CONSENT FORM FOR PURELY PILATES CENTER

By signing, I do hereby voluntarily consent to an exercise program as outlined by Purely Pilates. I understand, knowingly and voluntarily assume any and all risks of, and take full responsibility for, any personal injury, death and/or damage to personal property that may arise from services and/or products received by me in connection with Purely Pilates. I understand that Pilates is a form of physical activity with the purpose of increasing my body awareness, core strength, balance, breath control, overall strength and flexibility, and postural alignment. The exercises may be done on the mat or with quality equipment for this purpose. I understand that whether I am working in a personal training session or in a group setting, my instructor has my best interest in mind and I will communicate if an exercise is uncomfortable at any time. I agree to listen to my instructor and heed all warnings, cautions and instructions during all workouts to ensure my safety. I understand that exercise on Pilates equipment has risks, I accept all these risks and do not hold the instructor or studio responsible should any injury result in relations to the equipment. I do not hold my Pilates instructor responsible for any physical ailments as a result of workouts at the studio, or as a result of any exercises performed outside the studio under the recommendation of Purely Pilates. I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, difficulty breathing and heart strain). I hereby acknowledge these risks. I have neither limiting physical conditions nor disability that would preclude an exercise program. I hereby certify that I know of no medical problems (other than those noted above) that would increase my risks of illness of injury as a result of participation in a Signature * Indicates a required field regular exercise program. I hereby acknowledge that certain exercises are unsuitable for pregnancy, and I agree to inform my instructor should I become pregnant. Purely Pilates recommends obtaining a physician's approval prior to involvement in a progressive exercise program.

I have carefully read and understand all the above information and am fully aware of what I am signing.

I acknowledge this is a release of liability.

Please sign below to consent to Purely Pilates Center business and liability policies.

First and Last name

Today's date

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