

Second Story Pilates Client Information Form

Welcome to Second Story Pilates. Our mission is to provide a fun, challenging, safe environment where people feel empowered to discover their own personal physical capabilities and achieve their fitness goals. To better serve you, we ask that you please take a few minutes to complete this form. Thank you.

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|---|------------|-----------------------------|-----|
| Name: | | Date: | |
| Address | City | State | Zip |
| Home Phone | Work Phone | E-Mail | |
| Birth Date | Occupation | | |
| Emergency Contact | | Phone | |
| What specific fitness or health goals do you hope to achieve? | | | |
| Briefly describe your current physical condition | | | |
| List all current and previous activities and sports | | | |
| HEALTH HISTORY | | | |
| Has your doctor cleared you to exercise? | | Yes | No |
| Are you pregnant? | Due Date | Prior Deliveries (dates) | |
| Have you ever been treated for (please circle): | | | |
| Heart Disease | | High/Low Blood Pressure | |
| Diabetes | | Osteopenia/Osteoporosis | |
| Arthritis or Other Auto-Immune Disease | | Glaucoma or Detached Retina | |
| Orthopedic, Joint Problems, Joint Replacement | | Back or Neck Problems | |
| Tendon, Ligament, Muscle Problems | | Pulmonary Conditions | |
| Peripheral Neuropathy (Numbness, Tingling) | | Dizziness/Vertigo | |
| Neurological Conditions (MS, Parkinson's, etc.) | | Severe Headaches | |
| Please provide us with any additional health information you feel would be helpful. | | | |
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| How did you hear about Second Story Pilates? | | | |

Second Story Pilates

Agreement of Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Second Story Pilates programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Second Story Pilates, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS AGREEMENT OF WAIVER AND RELEASE OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Date _____ Emergency Phone # _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18):

I certify that I am the parent or legal guardian of the child named below and that I am entitled to his or her custody and control and I do hereby give permission for the child to participate in the Second Story Pilates programs. I further certify that the child is in good health and has no physical or other impediments which would endanger him/her while participating in the program. I realize that, by participating in this program, the child will be exposed to the risk of injury or death. I hereby execute this Agreement of Waiver and Release of Liability on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the child.

Child's Name _____ Date _____ Emergency Phone # _____

24 Hour Cancellation Policy

I recognize the 24 hour cancellation policy strictly enforced by Second Story Pilates to be as follows:

An appointment must be cancelled at least 24 hours in advance or the client will be charged the full amount for the appointment.

Signature: _____ Date: _____