

## Client Intake Form - Pilates

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Referred by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interested in: Group, Private, or Both (Please Circle)

Preferred days and times of sessions: \_\_\_\_\_

Current Sports/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fitness Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injuries or surgeries (dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Studio Policies

Kindly note there is a 24 hour rescheduling or cancellation policy.

Please arrive 15 minutes early to your session.

Please silence cell phones during session.

Scents and perfumes are prohibited in class.

A current and complete list of our policies is available online. Your signature below, acknowledges that you have read, fully understand, and agree to all of our studio's policies.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Pilates Waiver

This waiver, Release and Discharge Agreement is made by and between the undersigned (Client) and Orthopedic Spine And Sports Therapy, and entered into on the day month and year below. OSST provides space for instruction in the Stott Pilates method of physical conditioning, as well as hands-on physical manipulations, such as assisted stretching, and massage by our team. The parties to this agreement recognize that participation in the activity could lead to physical injury to the client. Client desires to undertake Pilates with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury. The parties recognize that OSST will not be able to provide its program to client without the execution of the agreement.

1. I, \_\_\_\_\_ (Print Name), have enrolled in a program of physical activity, including, but not limited to, the use of various Pilates equipment offered by OSS.
2. I understand that participation in the Stott Pilates Method exercises and conditioning activities like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, or soreness that may occur during or after my participation at OSS. I affirm that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved.
3. I affirm that I have and will keep the OSS staff fully informed of any existing physical conditions, disabilities or illness which would prevent or limit my participation in an exercise or physical-conditioning program. I will asp keep OSS informed of any physical conditions or disabilities arising during my training at OSS.
4. I, on behalf of myself, my spouse, heirs, personal representative(s), and assigns, do herby waive, reals, and discharge OSS from any and all claims or liabilities for death, injuries or damages to my person.
5. This agreement is specifically intended to operate as a waiver of liability to the fullest extent allowed by law on the date on which it is signed. To the extent that any portion of this agreement is found to be unenforceable under Michigan Law.

I hereby affirm that I have read fully and understand the above and that I am over eighteen years of age or am a legally emancipated minor.

Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Client's Name: \_\_\_\_\_

If client is under the age of 18 years of age, as a legal guardian of:

Name of Minor: \_\_\_\_\_

I consent to all of the above conditions.

Signature of Guardian of Minor: \_\_\_\_\_