



**Welcome To Pilates By The Bay! We look forward to working with you.**

Our studio specializes in providing the highest quality Pilates instruction in a personalized learning environment. We offer private sessions and semi-private classes from expert instructors who will teach you proper muscle use and movement to improve your strength, tone, flexibility and alignment. Our sessions are taught with customized exercises, cues and corrections for each student and use professional equipment to accelerate the benefits of Pilates.

**Client Info (Please Print)**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? (If a friend referred you, please let us know who!) \_\_\_\_\_

What are your training and health goals? \_\_\_\_\_

**Studio Policies (A copy is posted on the studio billboard and can be provided upon request.)**

1. **Cancellations:** 24-Hour notice must be provided or session/class will be charged.
  - a. To be fair to all instructors and clients **no exceptions can be made** (please no requests)
  - b. **A FULL 24-Hour notice must be given or your class/session will be charged. No exceptions.**
  - c. Cancellations can be made via phone, online or email (please no texts or contacting instructors)
2. **Make-ups:** 1 make-up class per month is offered for any late (charged) canceled **class** to be used within 1 month.
  - a. **Additional late class cancellations and PRIVATE SESSIONS cannot be made-up**
3. **Rescheduling Classes:** Monthly discounted classes can be rescheduled (with 24-Hour notice) during the same month or 1 month following. If rescheduled during the following month, **rescheduled classes must be taken in addition to your regularly paid class schedule** (cannot be used in lieu of paying for the next month of classes).
4. **Changing Your Reserved Class Time:** If changing your reserved class time(s) for the upcoming month, **please notify the studio by the 25th of the month prior** to allow adequate notice for us to add/cancel classes.
5. **Payments: Due by the first session of the new package or first of the month for classes. Packages and class subscriptions will be auto-billed to your credit card on file unless previous arrangements have been made to pay by another means.** Cash, checks and credit cards accepted. Studio must be notified 7 days prior to next billing period if you are cancelling classes, changing, or not renewing private session packages
6. **Expirations:** 1 month for single sessions, classes and new client packages; 3 months for 5 or 10-session packages. Expired packages of 6 months or less can be reinstated for a \$15 service charge upon request.
7. **Refunds/Credits: Refunds are not available.**

I have read and understand the Studio

Policies: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Health History Form**

**Medical History**

(Circle all that apply)

- Heart disease..... Y / N
- High blood pressure..... Y / N
- High cholesterol..... Y / N
- Diabetes..... Y / N
- Asthma or other lung disease..... Y / N
- Osteoporosis/Osteopenia..... Y / N
- Arthritis..... Y / N
- Glaucoma..... Y / N
- Peripheral Neuropathy..... Y / N
- Pregnant..... Y / N
- Gastric reflux..... Y / N
- Prior surgeries..... Y / N
- Taking prescription medication..... Y / N

**Do you have any pain or current or previous injuries to any of the following?**

- Neck..... Y / N
- Back..... Y / N
- Ankle/Foot..... Y / N
- Wrist/Hand..... Y / N
- Knee..... Y / N
- Leg..... Y / N
- Hip..... Y / N
- Elbow..... Y / N
- Shoulder/Rotator Cuff..... Y / N

Please describe any items circled above:

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Do you have any other health/medical/injury conditions not already identified?

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We recommend all participants consult with their physician or primary health care provider before beginning a fitness program. Discuss with them any exercise modifications or restrictions that they recommend for you and inform Pilates by the Bay, LLC of any recommendations from your doctor.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_



## Release of Liability

In consideration of being allowed to participate in any way in Pilates by the Bay, LLC's program, 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 releases 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 Pilates by the Bay, LLC, 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 RELEASE OF LIABILITY AND ASSUMPTION OF RISK 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: \_\_\_\_\_

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_