

b o d y t o n i c p i l a t e s

NAME _____ DATE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE (DAYTIME) _____ (EVENING) _____

EMAIL _____

OCCUPATION _____ DATE OF BIRTH _____

DO YOU HAVE ANY INJURIES, ACHES, PAINS, OR HEALTH CONDITIONS? PLEASE DESCRIBE.

PLEASE LIST & DATE ANY SURGERIES AND PREGNANCIES.

DESCRIBE PREVIOUS & CURRENT PHYSICAL ACTIVITIES; AND INCLUDE DATES.

WHAT FITNESS & HEALTH GOALS DO YOU WISH TO ACHIEVE THROUGH PILATES?

HOW WERE YOU REFERRED TO BODY TONIC PILATES?

CANCELLATION POLICY

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT YOU ARE REQUIRED TO NOTIFY BODY TONIC PILATES 24 HOURS IN ADVANCE OR AGREE TO PAY IN FULL FOR THE MISSED APPOINTMENT. UNLESS OTHERWISE NOTED, ALL EQUIPMENT PACKAGES EXPIRE 4 WEEKS FROM DATE OF PURCHASE.

SIGNATURE _____ DATE _____

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BODYTONIC PILATES WAIVER AND CONSENT FORM

I UNDERSTAND THAT PARTICIPATION IN PILATES EXERCISE SESSIONS PRESENTS SOME UNAVOIDABLE RISK OF INJURY, ESPECIALLY TO PEOPLE WHO HAVE PRE-EXISTING INJURIES, ILLNESS, OR MEDICAL DISABILITIES, WHICH I ASSUME. I UNDERSTAND THAT THE USE OF THE PILATES EQUIPMENT ALSO CARRIES WITH IT A RISK OF INJURY, WHICH I ASSUME. I UNDERSTAND THAT A MEDICAL EVALUATION IS ADVISED BEFORE STARTING ANY EXERCISE PROGRAM. I HAVE AND WILL CONTINUE TO KEEP MY INSTRUCTOR(S) FULLY INFORMED OF ANY PHYSICAL CONDITION OR DISABILITY THAT MIGHT PREVENT OR LIMIT MY PARTICIPATION IN AN EXERCISE PROGRAM. I ACKNOWLEDGE THAT NADIA RODRIGUEZ (AND HER AFFILIATES, CONTRACTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS) IS NOT ENGAGED IN DIAGNOSING OR TREATING MEDICAL DISEASE OR DEFICIENCIES, AND I EXPRESSLY ASSUME ALL RISKS OF MY PARTICIPATION IN THE PROGRAMS OF PILATES CONDUCTED BY THE ABOVE AND WAIVE ANY CLAIM WHICH I MIGHT OTHERWISE BRING AGAINST HER AS A RESULT OF INJURIES RESULTING FROM OR RELATING TO MY PARTICIPATION IN PILATES PROGRAMS AT BODYTONIC PILATES. NADIA RODRIGUEZ (AND HER AFFILIATES, CONTRACTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS) SHALL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY ARTICLES LOST, STOLEN, OR DAMAGED IN OR ABOUT THE STUDIO. PILATES EXERCISE IS NOT APPROPRIATE OR EFFECTIVE FOR EVERYBODY AT ALL TIMES. THEREFORE, I UNDERSTAND THAT THE PEOPLE AT BODYTONIC PILATES RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE AT ANY TIME, REGARDLESS OF THE AMOUNT OF TIME SPENT IN A PILATES PROGRAM. I HAVE READ AND I UNDERSTAND THE SUPPLEMENTARY DOCUMENT THAT OUTLINES INSTRUCTOR POLICIES ON SAFETY, CANCELLATIONS, ATTIRE, PRICES, AND PAYMENT AND I AGREE TO FOLLOW THE GUIDELINES AS LISTED IN THE ATTACHED SUPPLEMENTARY DOCUMENT.

SIGNATURE _____

DATE _____

CONTACT INFORMATION:

NAME (PRINTED) _____

ADDRESS _____

CITY/ST/ZIP _____

PHONE(S) _____

EMAIL _____