

BALANCE

PILATES TRAINING CENTER

Client Contact Information

PLEASE PRINT

NAME _____

BIRTHDAY _____ TODAY'S DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

DAY PHONE _____ EVENING PHONE _____

CELL PHONE _____

EMAIL _____

How did you hear about us? _____

In the event of an emergency contact:

Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Cell Phone _____

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Client Profile

Name _____

Gender M F Date of Birth _____ Age _____

Accident and Injury History

Please tell us about all accidents and injuries (include date of occurrence) as well as any permanent problems

(please ask for another sheet if necessary)

Are you currently Injured? NO YES (explain) _____

Have you ever had:

___ High Blood Pressure ___ Heart Problems ___ Liver Disease ___ Diabetes ___ Cancer (type) _____
___ Asthma ___ Osteoporosis ___ Fibromyalgia ___ Arthritis ___ Bursitis ___ Joint Problems ___ Whiplash
___ Surgery ___ Fractures ___ Sprains ___ Scoliosis ___ Herniated/Bulging Discs

Please explain _____

Are you currently taking any medications? NO YES (explain) _____

Are you pregnant? NO YES Due Date: _____

Have you recently given birth? NO YES When? _____

Do you currently exercise on a regular basis? NO YES

If yes, please list type of exercise, duration of workout, and how many times per week.

If no, how long have you been sedentary? _____

BALANCE, LLC

2123 Staples Mills Road, Richmond, Virginia 23230

Waiver of Liability and Informed Consent Release

I have enrolled in a program instruction in either a pilates-based or yoga-based method of physical conditioning offered by Balance, LLC. I have been advised and I understand that participation in pilates-based or yoga-based exercise and conditioning activities, like any physical conditioning or exercise program, presents some unavoidable risk of injury, especially to people who preexisting injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including possible and short-term aggravation of some symptoms, feeling of tiredness, lightheadedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Balance, LLC fully informed of any physical problems that I may now or develop in the future. I acknowledge that, although the conditioning program I participate in may have substantial benefits, neither Balance, LLC nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs offered by Balance, LLC and waive any claim I might otherwise bring against Balance, LLC, its officers, directors, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in their condition programs and classes.

I understand that pilates mat, and apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Balance, LLC shall not be responsible or liable for any articles lost, stolen or damaged in or about the studio.

CANCELLATION POLICY

I understand that if I must cancel a scheduled private or semi-private appointment, I must notify Balance, LLC at least 24 hours in advance or I will be held responsible for payment in full.

Private, Semi-Private & Small Group Package Expiration

All Private, Semi-Private & Small Group Packages expire eight weeks from date of first class. Packages are nonrefundable and nontransferable.

Name (please print)

Signature (guardian if under 18 years old)

Date