



Personalized Pilates Client Profile

Name _____ Date ____/____/____

Address _____ City _____ State ____ Zip _____

Email _____

Phone: (Mobile) _____ (Home) _____

(Work) _____ Preferred Communication: phone / email / text / Other _____

Birthday ____/____/____ Gender _____ Occupation _____

How did you hear about the studio? _____

Have you ever done Pilates before? yes / no If yes, what kind? Mat Reformer All Equipment

What is your ideal Pilates schedule? # per week ____ Best days/times: _____

Are you interested in becoming an instructor? yes / no Would you like more info about it? yes / no

Have you ever had a bone scan? yes / no Do you have Osteoporosis or Osteopenia? yes / no

Are you currently pregnant or trying to get pregnant? yes / no If so, when are you due? _____

Have you ever given birth? yes / no If so, vaginally or c-section? _____

Have you ever been told that you have any of the following conditions: (circle all that apply)

Scoliosis High Blood Pressure Low Blood Pressure Disc bulging or herniation Arthritis

Do any of the following movements make you uncomfortable or dizzy? (circle all that apply)

Being up high Being upside down Standing up quickly Standing on one foot

What areas of your body currently give you problems? _____

What do you hope to achieve from Pilates? _____

Please list any other medical conditions that you have or surgeries/injuries in the past: _____

Instructor Use Only: NF NE PG KN SH WR O _____ SI WP CP Sch

ATWO: _____



Personalized Pilates Release Contract

I have enrolled in a program of instruction offered by Personalized Pilates, Inc. that utilizes a classical approach to the mind-body system of exercise developed by Joseph H. Pilates, with modifications incorporated for the individual. I understand that participation in the Pilates method, like any exercise program, involves risks of injury that cannot be eliminated regardless of the care taken by my instructor. Injuries can range from occasional minor injury (e.g., muscle soreness, bruises, musculo-skeletal strains and sprains) to infrequent serious injury (e.g., muscle tears, herniated disks, cardiovascular injuries) to the very rare catastrophic injury (e.g., death, paralysis). If I have enrolled in a class conducted by a student intern, I understand that the intern has not completed the certification requirements necessary to teach Pilates, and because the intern's knowledge and experience may be limited, the risk of injury to me may be greater. **Initial** _____.

I recognize that my participation in these programs is voluntary and I expressly assume all risks involved in my participation. In consideration of my participation, I expressly waive, release, and discharge Personalized Pilates, its owners, officers, shareholders, employees, trainees, interns, and contractors from any claims, demands, or causes of action of any kind for death, personal injury, property damage or loss of any kind related to my use of the facilities or participation in activities within or without the studio premises. This waiver and release of liability includes, without limitation, all claims arising out of: (a) my use of all amenities and equipment at the Personalized Pilates studio and my participation in any activity, class, program, or personal instruction, (b) the unforeseen malfunctioning of any equipment, (c) negligent instruction, training, supervision, or dietary recommendations offered by Personalized Pilates or my instructor, (d) a slip and/or fall while in the studio or on the Personalized Pilates premises, including adjacent sidewalks and parking areas, and (e) any loss, damage, or theft of my personal property. **Initial** _____.

I understand that my instructor's time is valuable. If I am unable to keep my appointment, I agree to contact the studio to cancel it AT LEAST 24 HOURS prior to the start time of the scheduled session in order to avoid being charged a fee in accordance with the studio's Cancellation Policy. I agree to pay for my lessons in advance of my appointment, and I understand that I will not receive a refund under any circumstances. I also agree to keep my instructor informed of any and all physical limitations, including current and pre-existing injuries, surgeries, and medical conditions. I also consent to any physical touching necessary to ensure proper technique, and will inform my instructor if I experience any discomfort and will cease exercise immediately if I experience unusual discomfort. I acknowledge that it is advisable that I have a physical examination before commencing any exercise program. I have either: 1) had a physical examination and been given my physician's permission to participate in the programs offered by Personalized Pilates, or 2) decided to participate in these programs without the approval of my physician. **Initial** _____.

I HAVE READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO BRING A LAWSUIT FOR MONEY DAMAGES AND ASSERT MY CLAIMS TO A JURY. I HAVE BEEN ABLE TO ASK ANY QUESTIONS REGARDING ANY CONCERNS I MIGHT HAVE, AND HAVE HAD THOSE QUESTIONS ANSWERED TO MY SATISFACTION. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature _____ Date ____/____/____

Printed Name _____