

Welcome to Pilates on Kerbey

A very warm welcome to our studio! We look forward to working with you to achieve your goals.

All of our classes and sessions are 50 minutes long. We ask that you remove your shoes when you enter the studio; you can leave your footwear and personal items in the cubbies by the door.

Cancellations: We are a small studio and **we require 24 hours notice of any cancellation** so that we can rebook the time. If you are unable to notify the studio at least 24-hours in advance, you will be held responsible for payment in full.

Payment: Sessions and classes can be purchased with cash, check, or credit card. Please be aware there will be a \$30 fee for any returned checks. **No refunds.**

Parking: If one of the two spaces in front is not available, there is plenty of street parking on Kerbey Lane and 38th St. Please do not park in the driveway or lots of other businesses on the street.

I have read and understand and agree to the above policies:

Signature

Date

Please Print Your Name Clearly

All of us at Pilates on Kerbey appreciate you and your business and we hope to make your experience here a pleasant one. Please continue to Page 2 for some personal information, and thank you for printing clearly!

Client Profile

NAME: _____ DATE: _____

ADDRESS: _____

YOUR BEST CONTACT NUMBER: _____

EMAIL ADDRESS: _____
(we will only use this to contact you regarding your appointments, accounting, and studio events)

DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____

PILATES EXPERIENCE: _____

HEALTH/FITNESS GOALS: _____

ARE YOU DOING ANY OTHER FORMS OF EXERCISE? _____

ARE YOU PREGNANT OR HAVE YOU GIVEN BIRTH IN THE PAST YEAR? _____

DESCRIBE YOUR CURRENT PHYSICAL CONDITION. ANY INJURIES OR AILMENTS?

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

High Blood Pressure: _____ Diabetes: _____ Whiplash: _____ Fractures: _____
Heart Problems: _____ Asthma: _____ Joint Problems: _____
Surgery: _____ Liver Disease: _____ Sprains: _____

ARE YOU CURRENTLY RECEIVING CARE FROM ANY OF THE FOLLOWING?

Physical Therapist: _____ Chiropractor: _____ Physician: _____ Massage Therapist/Body Work: _____

PLEASE LIST ANY DETAILS AND MEDICATIONS YOU ARE CURRENTLY TAKING:

Waiver and Release of Liability

I acknowledge that Pilates on Kerbey, LLC, its owners, officers, landlords, employees, instructors, or agents (collectively referred to as "Pilates on Kerbey") are not responsible for any injury or loss of property that may occur while I am participating in Pilates on Kerbey activities.

I release Pilates on Kerbey (and covenant not to sue Pilates on Kerbey) from any and all present and future claims resulting from any act or omission, including ordinary negligence on the part of Pilates on Kerbey, for loss, damage, or theft of personal property, personal injury, or death, arising as a result of using the facilities and equipment of Pilates on Kerbey. I voluntarily waive any and all present and future claims that I may have or that could be asserted by my family, heirs, and assignees.

I acknowledge and agree to the following:

- * Health and Pilates activities may range from vigorous cardiovascular activity to the strenuous exertion of strength training.
- * These and other physical activities at Pilates on Kerbey involve certain risks including but not limited to death, serious neck and spinal injuries, heart attacks, and injury to bones, joints, and muscles.
- * I am voluntarily participating in Pilates on Kerbey activities with the knowledge of the dangers involved and agree to accept any and all inherent risks of property damage, personal injury, and death.

I further agree to indemnify and hold harmless Pilates on Kerbey for any all claims arising as a result of my engaging in Pilates on Kerbey's activities or any incidental activities of whatever kind and occurrence. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Texas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I further agree that the venue for any legal proceedings shall be in Travis County, Texas. I affirm that I am of legal age and am freely signing this agreement. I have read this agreement and fully understand that by signing it I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Pilates on Kerbey or any of the parties listed above.

Signature (Parent/Guardian if under 18)

Date

Name (please print)