



Pilates Release and Waiver

Name(first)_____ (last)_____ (M.I.)_____ DOB_____

Home/Cell Best # _____ Home/Work/Cell Other # _____

Email: _____

Address: _____ City _____ State _____ Zip _____

Emergency contact _____ Relationship _____ Phone _____

Is there someone we can thank for referring you to our facility? _____

How did you hear about Body Dynamic? _____

Do you have a medical history of any of the following conditions? (Y or N)

- | | |
|---|--|
| Back Pain _____ | Diabetes _____ Insulin dependent _____ |
| Neck Pain _____ | Heart Condition _____ |
| Wrist Pain _____ | Asthma _____ |
| Elbow Pain _____ | Bone Density test _____ Result _____ |
| Shoulder Pain _____ | Osteoporosis or Osteopenia _____ |
| Knee Pain _____ | Vestibular disorder _____ |
| Ankle Pain _____ | C-Section or Abdominal Surgery _____ |
| Sciatica _____ | Pregnancy _____ when _____ |
| Pinched nerve _____ | Nursing _____ when _____ |
| Hamstring or Quadriceps tightness _____ | Fainting or dizziness _____ |
| Bone or Joint Problem _____ | Glaucoma _____ |
| Osteoarthritis _____ | Gastric Reflux _____ |
| Auto Immune diseases _____ POTS _____ | Hernia _____ |
| Numbness or tingling _____ | Peripheral vascular disease _____ |

Is there anything that may preclude you from performing any exercise? _____ Please explain: _____

Current activity level/exercise frequency/activities _____

Prior Pilates or related movement experience if applicable: _____

Goals/Why are you incorporating Pilates into your exercise program: _____

Do you have any questions/concerns? _____

RELEASE OF LIABILITY (legal representative/client)

1. I assume full responsibility while voluntarily participating in an exercise class at my sole risk and shall abide by any rules and regulations specified by the owner or instructor regarding use of the facility and equipment.
2. I am aware that there exists the possibility or certain conditions during or following exercise. These might include, but are not limited to: mild light-headedness, fainting, abnormalities of heart rate or blood pressure, ineffective heart function, and in rare instances heart attack or stroke. The reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy.
3. It is strongly recommended that I receive medical clearance from my primary physician prior to beginning a new exercise program.
4. I hereby release Body Dynamic, its instructors, owners and other participants, from any liability for injury or damages while using the facilities located at 761-B University Ave, Los Gatos, CA 95032.. Body Dynamic will not be subjected to any claim, demand, injury or damages whatsoever, including, without any limitation to those damages resulting from acts of active or passive negligence, on the part of Body Dynamic, its owner, officers, agents, contractors, employees or other participants. The client, for himself/herself and on behalf of his/her executors, administrators, heirs and successors does hereby expressly forever release and discharge Body Dynamic, its owners, officers, contractors, employees, agents, assigns and successors from all such claims, demands, injuries, damages, actions or causes of action to the fullest extent permitted by law. I also agree that the Body Dynamic is not responsible or liable to clients for articles damaged, lost or stolen in or about the facility.
5. As a courtesy to other participants who might be sensitive or allergic, please do not use perfumes/ colognes. There are cleansing towels available in the restroom. Please ask your instructor for assistance if needed.

CANCELLATION POLICY: We respectfully request a 48 hour notice of cancellation. If you have an emergency and cannot provide a 48 hour notice, please call as soon as possible, and leave a message on our answering machine. Cancellations without 48 hour notice will be charged a session cancellation fee, deducted from your session total or payable at your next visit.

All prepaid services (including, but not limited to, multiple session packages) are non-refundable and non-transferable, and must be used within the allotted time (3 months from date of purchase unless otherwise noted); any unused portions will be forfeited.

I have read the above statements and filled out the form truthfully, to the best of my ability. I will notify the instructor of any limitations that I may become aware of and will not to push into or cause pain/injury during the course of my participation. My signature indicates my full participation and agreement for Body Dynamic's services. I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing this agreement. I am signing it freely and voluntarily without any inducement.

Signature _____ Printed name _____ Date _____