

# PILATES + YOGA

## New Student Form - 2010

### Release of Liability:

In signing below, I agree that Pilates +, LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Pilates +, LLC may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither, I, my heirs, assigned or legal representatives will sue or make any other claims of any kind whatsoever against Pilates +, LLC or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. Pilates + has a 24-hour cancellation policy. Reservations and appointments cancelled with less than 24 hours notice will result in a charge to the client for the full cost of the session.

Release of Liability – Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please PRINT legibly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_  
mm dd yyyy

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

How you heard about us? \_\_\_\_\_

What are your interests? Please number from 1-6:

\_\_\_\_ Pilates \_\_\_\_ Yoga \_\_\_\_ Zumba \_\_\_\_ Nia \_\_\_\_ Cardio \_\_\_\_ Total Body Conditioning

What would you like to see offered at our studio that isn't already on the schedule?

\_\_\_\_\_

What is the ideal time for you to workout? \_\_\_\_\_

What studio/gym do you currently visit most often? Location? \_\_\_\_\_