



Om Sweet Om Pilates And GYROTONIC®

Love your body ~ embrace the Pilates & Gyrotonic difference

1120 Dewey Way, Suite E * Upland, CA 91786

626-253-4215

INTAKE FORM

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Best number to reach you: (please circle: home cell work) _____

How did you hear about our studio? Internet: What were you searching for? _____

Referral from a current client, physician/PT, whom may we thank? _____

Emergency Contact: _____ Phone number: _____

LIABILITY WAIVER and STUDIO POLICIES

- ☞ I agree that Om Sweet Om Pilates (herein referred to as "The Studio"), its owners, its affiliates, and/or its landlord, is in no way responsible for the safekeeping of my personal belongings while I attend sessions at The Studio. I understand that movement sessions at The Studio may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury. I have attained permission from my physician to exercise, if I am currently under doctor's care. And I further agree to inform the staff of The Studio of any changes in my health.
- ☞ The Studio provides hands-on instruction that includes an appropriate and professional level of touch to aid in proprioceptive feedback.
- ☞ The Studio asks that all clients **wear grip socks** during all equipment-based sessions, we recommend Toe Sox. The Studio also asks that each client clean the equipment used and pick up props after each session.
- ☞ The Studio reserves the right to refuse service to any person. The Studio reserves the right to change its schedule, instructor availability and pricing without notice.

- ☞ All pre-paid sessions have specific expiration dates found on your receipt (or by checking your account online) at which time all unused sessions shall be deemed expired. **No exceptions.** Fees for all pre-paid sessions are transferable once to another program/service (prior to the expiration date) at The Studio but are not refundable.
- ☞ Cancellation Policy: All Private Lessons, Semi Private and Group Sessions are reserved by appointment only. Sessions missed will be considered taken & charged, unless notification is received **24 hours** in advance.

I have read and fully understand and agree to the terms and conditions outlined above. I have received a copy of this form for my records. I have discussed any questions that I have with the instructor or therapist.

Please print your name: _____

Date: _____ Signature: _____

