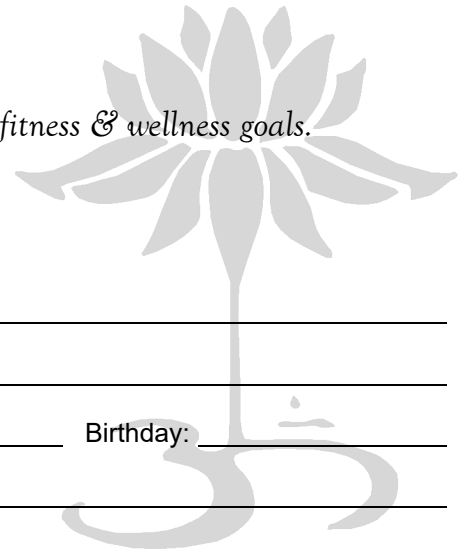


# Blossoming Lotus GYROTONIC®

*Love your body ~ embrace the Pilates & Gyrotonic difference*

## Welcome to Our Studio

Please complete the following so that we can best serve you in meeting your fitness & wellness goals.



### I. GENERAL INFORMATION

(please print clearly)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Best number to reach you: (please circle: home cell work) \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Referral from a current client, whom may we thank? \_\_\_\_\_

Physician/Physical Therapist Referral  Social Media  GYROTONIC.com  STOTT Pilates.com

Other: \_\_\_\_\_

Which session type(s) are you primarily interested in?  Pilates  Gyrotonic  Manual / Assisted Stretch Therapy

Yoga  Therapeutic Exercise  Chi Kung  Other: \_\_\_\_\_

### II. MEDICAL INFORMATION

**As with any form of exercise, consulting with your physician prior to beginning this or any exercise program is highly recommended.**

Do you currently have or have you had any medical condition that we need to be aware of? When and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? Yes No Please list: \_\_\_\_\_

Are you currently under a doctor's care? Yes No If yes, please explain: \_\_\_\_\_

What therapies are you presently receiving? Please circle: massage, physical therapy, chiropractic, acupuncture, herbs, vitamins, other: \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What does your typical day involve physically? (e.g., sitting at a computer, lifting...) \_\_\_\_\_

\_\_\_\_\_

What are your wellness and/or fitness goals? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

What do you want most from this program/session? \_\_\_\_\_

Is there anything else we should be aware of? \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

*Before continuing, become aware of your breathing.*

*Now take a nice, big, deep breath...and relax your shoulders.*

### III. LIABILITY WAIVER and STUDIO POLICIES

☞ I agree that Blossoming Lotus GYROTONIC® (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 and/or receive assisted stretch therapy 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 also offers therapeutic assisted stretch therapy which also involves appropriate and professional touch therapy. The staff of The Studio works together in a team model. Therefore, the staff may discuss your progress so that the most efficient path to achieve your goals may be attained.

☞ 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 asks that clients who are feeling ill or “under the weather” refrain from coming to the studio and passing along colds, etc. to either the staff or other clients. Please take this time to rest and rejuvenate.**

☞ The Studio asks that clients refrain from wearing perfume and scents into The Studio as many clients are sensitive.

☞ The Studio reserves the right to refuse service to any person. The Studio reserves the right to refer the client for other services prior to resuming or beginning classes/services at The Studio. The Studio reserves the right to change its schedule, instructor availability and pricing without notice.

***Please initial that you understand and agree to the following:***

➤➤ \_\_\_\_\_ (initial) **REFUND POLICY:** All pre-paid sessions have a 3 month expiration date, at which time all unused sessions shall be deemed expired. **No exceptions.** Intro packages have a 30-day expiration. Please only

purchase what you will be able to use. 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 or transferable to another student.

➤➤ \_\_\_\_\_ (initial) **CANCELLATION POLICY:** All Private/Duet Sessions and Assisted Stretch Sessions are reserved by appointment only. Sessions missed will be considered taken & charged unless notification is received **24 hours** in advance by phoning/texting the studio at 808-756-1628. **Holiday sessions have a strict 48 hour notice of cancellation** or the full session fee applies. **We do not accept cancellations via email.**

➤➤ \_\_\_\_\_ (initial) **RECURRING RESERVATIONS POLICY:** To gain the most from your experience at the Studio, we suggest that clients set up recurring reservations (e.g., weekly, bi-weekly, monthly) for Private & Duet Sessions and Assisted Stretch Sessions (your instructor can do this for you easily). This helps you commit to your program, helps to keep you on track with your goals, and ensures that you have a time set aside for your appointment. This also helps your instructor/therapist plan for your session. We appreciate receiving as much advanced notice of cancellation as possible (e.g., vacation schedule, family visiting) so that we may offer your regular time to another client during your absence. If a client continually late cancels or no-shows for a recurring appointment, we reserve the right to cancel future reservations.

*Thank you for respecting our policies!*

#### **IV. Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I agree that Blossoming Lotus **GYROTONIC®** (herein referred to as "The Studio"), its owners, its affiliates, and/or its landlord, is in no way responsible for my health while I attend sessions at The Studio.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending pilates/gyrotonic/assisted stretch therapy sessions at The Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Studio owners/instructors and any other clients of The Studio. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at The Studio or participation in The Studio session offerings. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless The Studio, its Owners, instructors, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Studio, its Owners/instructors, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any The Studio program.

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: \_\_\_\_\_

