

Client Intake Form

Welcome to Integrated Pilates! Our mission is to empower you to be in control of your own health and wellbeing through Pilates. To better serve you, we ask that you please take a few minutes to complete this form.

Name: _____ Date: _____

Birth Date: _____ Occupation: _____

Street Address: (include City, State & Zip) _____

Cell (*include area code*): _____ Email: _____

Emergency Contact: _____ Cell (*include area code*): _____

Referred by: _____

1. What specific fitness or health goals do you hope to achieve through the Pilates method?

Lose Weight

Mind/Body

Strengthen Muscles

Balance

Connection

Stress Reduction

Other: _____

2. List all current or previous meaningful activities:

Pilates

Swimming

Running

Aerobics, etc.

Climbing

Yoga

Skiing

Biking

Walking

Weightlifting

Hiking

Dance

Other: _____

3. Target Area: _____

4. Describe your physical history: _____

5. Injuries/Surgeries/Illness or Allergies? _____

6. Anything else I should know and/or be aware of? _____

7. Number of Children: _____ Number of C-Sections: _____

8. Tearing childbirth? YES NO If yes what degree? _____

9. Any other surgery or damage to the pelvic floor? _____



Liza's Policies & Procedures

Cancellation Policy

- If for any reason you need to cancel a scheduled lesson notify me ASAP via text at: (619) 855-1169.
- Cancellations with less than 24-hour notice will be charged for one full lesson.
- No shows will be charged for one hour lesson.
- If extenuating circumstances such as unexpected hospitalization, etc. occur I will suspend all account activity and send good vibes your way.

Rescheduling Policy

- All rescheduling must be done via text at: (619) 855-1169.
- Lessons must be rescheduled within 30-days of current scheduled session, or it will be considered a cancellation.
- After a lesson(s) has been booked only 1 session per month can be rescheduled. Anything after that is considered a cancellation and will be charged in full.
- Rescheduling must be done no later than 48 hours prior to current scheduled day/time, if less than 48 hours it will be treated as a cancellation.

Snow Closing Policy

- If Federal Way School District and/or Tacoma School District closes due to snow, the Pilates studio will be closed as well. My personal motto is: "If snow's on the ground Liza's not around."
- You will be contacted prior to your scheduled session via email, text, and/or call to confirm we are both able to attend when extreme weather conditions occur.

Refund Policy

- All purchases and deposits are non-refundable. No exceptions.

Returned Check Policy

- Should a check be returned for insufficient funds, you will be charged a \$25 fee.
- If a check is returned a second time, you will be charged a \$40 fee on top of the first check return fee for a total of \$65, plus the amount of the original payment. There after all payments must be paid via cash or card only.

Pricing & Payments Accepted

**Prices are subject to change without notice, please check with your instructor for current rates.*

- Private one-on-one lessons: Once per week are \$70. Twice per week are \$65.
- Duo lessons are \$50 per person, equaling a total of \$100 & Trio's are \$45 per person, equaling \$135.
- Student Teacher Lessons: \$50 flat rate.
- Each lesson is 50 minutes.

- Cash
- Check
- Credit Card
- Venmo
- Pay Pal

By signing bellow I acknowledge I have read the policies & procedures form in detail. I understand, and agree to each of them and acknowledge I've had a personal copy sent to the email listed above for my personal records.

First & Last Name

Signature

Date

OPTIONAL PHOTOGRAPHIC, VIDEO & CONTENT CONSENT & RELEASE FORM

I hereby authorize Integrated Pilates Tacoma and any of its affiliates, staff and instructors including but not limited to Liza Kjosén and those acting in pursuant to its authority to:

1. (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
2. (b) Use my name in connection with these recordings for social media content.
3. (c) Use, reproduce, exhibit, or distribute in any medium (e.g., print publications, video, Internet/www, content) these recordings, images, and content for any purpose that Integrated Pilates Tacoma, and any of its affiliates, staff and instructors including but not limited to Liza Kjosén and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Integrated Pilates Tacoma, and any of its affiliates, staff and instructors including but not limited to Liza Kjosén and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, images, and content, in whatever medium, shall remain the property of Integrated Pilates Tacoma. I have read and fully understand and agree to the terms of this release.

First & Last Name: _____

Instagram: _____ Facebook: _____

Email: _____

Phone (include area code): _____

Address: _____ City, State, Zip: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

Signature: _____ Date: _____

First & Last Name: _____

ASSUMPTION OF RISK, WAIVER, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

DECLARATIONS: This agreement is entered into between personal trainer ("Trainer") Liza Kjosén and the undersigned ("Client"). The provision of personal training services by Trainer to Client, and Client's use of any premises, facilities, or equipment are contingent upon this agreement.

ASSUMPTION OF RISK: You agree that if you engage in any physical exercise or activity, including personal training, or enter our premises or use any facility or equipment on our premises for any purpose, you do so at your own risk and assume the risk of any and all injury and/or damage you may suffer, whether while engaging in physical exercise or not. This includes injury or damage sustained while and/or resulting from using any premises or facility, or using any equipment, whether provided to you by Trainer or otherwise, including injuries or damages arising out of negligence of Trainer, whether active or passive, or any of Trainer's affiliates, employees, agents, representatives, successors, and assigns. Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), sports fields, courts, or other areas, locker rooms, sidewalks, parking lots, stairs, pools, whirlpools, saunas, steam rooms, lobby, or other general areas of any facilities, or any equipment. You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, jogging, running, aerobic activities, aquatic activities, tennis, basketball, volleyball, racquetball, or any other sporting or recreational endeavor. You agree that you are voluntarily participating in the aforementioned activities and assume all risk of injury, illness, damage, or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property, whether arising out of the negligence of Trainer or otherwise.

RELEASE: You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge Trainer (and Trainer's affiliates, employees, agents, representatives, related entities, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of Trainer, whether active or passive, or any of Trainer's affiliates, employees, agents, representatives, related entities, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment, premises or facilities, (c) negligent instruction or supervision, including personal training, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to or from personal training, including injuries resulting from Trainer's or anyone else's negligent inspection or maintenance of the facility or premises.

INDEMNIFICATION: By execution of this agreement, you hereby agree to indemnify and hold harmless Trainer from any loss, liability, damage, or cost Trainer may incur due to the provision of personal training by Trainer to you.

ACKNOWLEDGEMENTS: You expressly agree that the foregoing release, waiver, assumption of risk, and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. You acknowledge that Trainer offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Trainer is not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by Trainer. You acknowledge and agree that Trainer does not place such items into the stream of commerce. This release is not intended as an attempted release of claims of gross negligence or intentional acts.

You acknowledge that you have carefully read this waiver and release, and fully understand that it is a release of liability, expression assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against Trainer for Trainer's negligence, or for any defective product used while receiving personal training from Trainer. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I have read page 1 and page 2 of the **ASSUMPTION OF RISK, WAIVER, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT** in its entirety and agree as such.

First & Last Name: _____

Signature: _____ Date: _____

Thank you. We look forward to practicing with you!

