

Aligned With Amy Pilates

Intake Form & Waiver

Client Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Birthdate: _____

Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Please provide any information regarding injuries, illness, aches/pains, medical issues or surgeries that I should be aware of:

Do you have any Pilates experience? _____

What other exercise or movement regimes, if any, do you practice?

How did you hear about the studio? _____

Please initial in the space provided to acknowledge and accept the following. In consideration of being allowed to participate in any way in Aligned with Amy's Pilates program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

[] All cancellations without 24 hours' notice will be charged in full.

[] To participate in the personal fitness training activities and programs provided by Aligned with Amy Pilates and to use its facilities, equipment and services in addition to the payment of any fee or charge, I do hereby forever waive and release Aligned with Amy Pilates and its officers, agents, employees, representatives, instructors and all others acting on their behalf from any and all claims or liabilities or injuries by those mentioned or others acting on their behalf.

[] I have been informed of and understand and am aware that flexibility and aerobic exercise including the use of equipment is a potentially hazardous activity. I also have been informed of and understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

[] I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.

[] I do hereby further to clear myself to be physically sound and suffering from no condition impairing judgment, disease or other illnesses that would prevent my participation in these activities or use of equipment or machinery. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

[] I understand that in Aligned with Amy Pilates providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or medical opinion relating thereto.

I acknowledge by typing my name below, this represents my signature.

Signature: _____

Date: _____