



## Client Information Sheet

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

PhoneNumber(s): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Contact Number for cancellation notifications: \_\_\_\_\_

How did you hear about our studio: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been in physical therapy in the past 12 months? \_\_\_\_\_

If so, for what purpose?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Waiver and Release Form

I do hereby waive, release, and forever discharge, indemnify and hold harmless The Pilates Effect, LLC and its managers, officers, agents, employees, representative, members, and all others from and against any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above-mentioned activities. **I DO ALSO HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS ALL OF THOSE MENTIONED, AND ANY OTHERS ACTING UPON THEIR BEHALF, FROM AND AGAINST ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE TO MYSELF, INCLUDING THOSE CAUSED BY THE NEGLIGENT ACT OR OMISSION OF ANY OF THOSE MENTIONED OR OTHERS ACTING ON THEIR BEHALF, OR IN ANY ACTIVITIES OF THE PILATES EFFECT, LLC OR THE USE OF ANY EQUIPMENT AT The Pilates Effect, LLC Arlington, TX OR ANY OTHER LOCATION AT WHICH I MAY PARTICIPATE IN ANY ACTIVITIES OF THE PILATES EFFECT, LLC.**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated.

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

**I FURTHER ACKNOWLEDGE AND AGREE THAT THERE IS NO WARRANTY BY THE PILATES EFFECT, LLC THAT THE ACTIVITIES OF THE PILATES EFFECT, LLC OR THE EQUIPMENT AT The Pilates Effect, LLC Arlington, TX ARE FIT FOR A PARTICULAR PURPOSE. I FURTHER ACKNOWLEDGE AND AGREE THAT: i) I AM NOT RELYING UPON ANY REPRESENTATION, STATEMENT, ASSERTION OR NONASSERTION BY THE PILATES EFFECT, LLC OR ITS MANAGERS, OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVE, MEMBERS, WITH RESPECT TO THE CONDITION OF THE ACTIVITIES OF THE PILATES EFFECT, LLC OR THE EQUIPMENT AT The Pilates Effect, LLC Arlington, TX AND ii) THAT THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, ALL OF WHICH GRANTOR EXPRESSLY DISCLAIMS, INCLUDING, BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.**

**NOTICE:** You should thoroughly review and understand this Agreement before signing it. **THIS AGREEMENT INCLUDES A RELEASE, INDEMNITY AND WAIVER OF LEGAL RIGHTS AND CLAIMS.**

**CANCELLATION POLICY:** I understand and am aware that if I do not cancel a personal training session or scheduled class within the required 24 hour notice period provided herein, then I will be charged for such session.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_