



Be Fit. Be Healthy. Be Happy.

Client Information

Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____ Apt or Unit #: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____

Email: _____

Profession: _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Number: _____

How did you hear of our studio? **Friend: Who may we thank?** _____

Google/Internet Search **SpaFinder** **Facebook** **Yelp**
Walk/Drive By **Groupon** **Instagram** **Other:** _____

Please answer the following questions. All information is confidential and will only be used to help your Instructor to create a personalized program for you.

Have you had any past training in The Pilates Method: Yes / No

If yes, how long: _____ yrs and where: _____

What other forms of group classes have you participated in, in the past?

What are your goals and what do you hope to gain from your workouts?

What other exercises / activities do you participate in? How often do you do them?

Client Medical Information:

Are you taking any medications? **Yes / No** If yes, please list medication names(s) and side effects.

Are you currently under the care of a physician or therapist? **Yes / No** If yes, has your physician/therapist given you any activity restrictions? Do you have or need consent to exercise?

Do you currently have (or do you have a history of) any of the following conditions?

YES	NO	Pre-Existing Conditions	Describe onset/duration/severity/location
		Lower back problems	
		Upper back problems	
		Neck Problems	
		Disc Problems (what levels)	
		Scoliosis	
		Sciatica	
		Diabetes	
		Stroke	
		Dizziness / Vertigo	
		Hip, knee, ankle, foot issues	
		Shoulder, elbow, hand issues	
		Tendon, ligament, muscle issues	
		Joint replacement	
		Arthritis (what type)	
		Osteoporosis	
		High/Low blood pressure	
		Neurological conditions, MS...	
		Car accident resulting in injury	
		Are you pregnant	
		Abdominal surgery or hernia	
		Other:	

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration of being allowed to participate in any way in Studio Be Fit, Inc. program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved with Studio Be Fit, Inc. and its equipment and instruction as well as the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. You are encouraged to consult with a physician before beginning any exercise or other type of program offered by Studio Be Fit, Inc.
2. I will follow the instructions of the Releases, its Staff and Instructors and shall also obey the instructions on any equipment in the premises.
3. I knowingly, voluntarily and freely assume all risks, both known and unknown, even if arising from the negligence of the Releases or others, and assume full responsibility for my participation.

4. I willingly agree to comply with the stated and customary terms and conditions of exercise programs for participation. If, however I observe any unusual significant hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Staff member immediately.

5. I, for myself and on behalf of my heirs, assign and personal representatives, hereby release and hold harmless Studio Be Fit, Inc. its officers, shareholders, officials, agents, instructors and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releases' or otherwise, to the fullest extent permitted by law.

Studio policies

Cancellation Policy:

12-hour advance notice is required to change or cancel an appointment without charge. Appointments may be cancelled by phone, email or in person.

Both parties in a scheduled semi-private Pilates or personal training session are responsible for cancelling the appointment with 24hour notice. In the event that one of the participants in a semi-private session is unable to attend, the other participant may upgrade to a private session for an additional \$20.

Refund Policy:

All pre-paid Pilates, Ballet Barre, Barre Tower, Spin, HIIT and any special group classes are fully transferable with 12-hours notice, but non-refundable.

No shows and late cancellations will be fully charged for their session/class.

Unused retail merchandise may be returned within 15 days of purchase for a refund, when accompanied with a receipt. Items returned without receipt will be for exchange only.

Refunds will be paid in the same method as the original purchase.

General studio policies:

Studio Be Fit, inc. Strongly recommends that clients who are new to Pilates equipment should begin with an introduction class or private / semi-private session. This will include an introduction on how to properly use the equipment and an evaluation of your needs to develop a program that is right for you.

Please schedule your group classes in advance. Walk-ins are welcome space permitting. All private and semi-private sessions are not available on the website and must be scheduled by phone, email or in person.

All private, semi-private sessions and group classes must be paid in full at the time of booking. In the event that you have a package, a class will be deducted from your package at the time of booking.

You may sign up for sessions up to one month ahead of time.

All clients are required to read and sign the Studio Be Fit, Inc. Waiver and Release prior to their first class or session.

Clients should wear comfortable exercise clothes but avoid oversized tops so instructors can observe posture and alignment. Wearing socks is fine, but clients may not wear shoes in the Pilates area of the studio. Clients must wipe down the equipment when their session is over.

Classes and Instructors are subject to change.

Studio Be Fit, Inc. is not responsible for any lost, stolen or misplaced items.

Expiration policy:

All 10, 20 and 30 class packages expire 1 year after date of purchase.

30-day Unlimited Membership and 30-day Cardio Membership expire 30 days after the date of the first class taken.

Private and semi-private packages expire 1 year from date of purchase.

Clients are responsible for package expiration.

The studio policies are subject to change without notice.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I HAVE READ THE Studio Be Fit, Inc. STUDIO POLICIES AND FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE

PARTICIPANT'S NAME / PRINT

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided in the above Paragraphs, of all the Releases', and, for myself, my heirs, assigns, I release and agree to indemnify and hold harmless the Releases' from any and all liabilities incident to my minor child's involvement or participation in the programs of Studio Be Fit, Inc. as provided above, even if arising from their negligence.

PARENT/GUARDIAN'S SIGNATURE

DATE

PARENT/GUARDIAN'S NAME / PRINT