

# PURE PILATES

12520 PERKINS ROAD, SUITE 103, BATON ROUGE, LA 70810

## AGREEMENT & RELEASE OF LIABILITY

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I have been advised and understand that fitness activities, such as pilates and using pilates equipment, involve a risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I am voluntarily participating in these activities and using pilates equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or even death.

(Please initial) \_\_\_\_\_

2. 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 pilates equipment. I do hereby acknowledge that I have been informed that a medical evaluation is advisable before participation in an exercise/fitness activity or in the use of pilates equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of Pilates equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities. I understand it is my responsibility to fully inform Pure Pilates of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I understand that neither Pure Pilates nor its employees are engaged in diagnosing or treating medical disease or deficiencies.

(Please initial) \_\_\_\_\_

3. I expressly assume all risks of my participation in the programs of pilates conditioning conducted by Pure Pilates (Pure Pilates, LLC) and hereby waive, release and forever discharge any claim which might otherwise bring against Pure Pilates (Pure Pilates, LLC), its employees, trainers and contractors as a result of injuries resulting from or relating to my participation in pilates conditioning programs, in any activities, or use of pilates equipment or machinery.

(Please initial) \_\_\_\_\_

Pure Pilates, LLC is not responsible or liable for any articles lost, stolen or damaged in or about the studio. In the case of teacher illness or emergency, another teacher will be automatically substituted. If unable to have a class substituted, class will be cancelled at no charge to you. There will be every effort made to notify each client whenever possible.

RESERVATIONS ARE REQUIRED FOR ALL CLASSES AND SUBJECT TO A 24-HOUR ADVANCE NOTICE CANCELLATION OR YOU WILL BE HELD RESPONSIBLE FOR PAYMENT. ALL SALES ARE NON-REFUNDABLE.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

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Participants Name \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Address/Zip \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

1. Is this your first time trying pilates?  YES  NO

If no: where, what kind & how long ago? \_\_\_\_\_

2. What does your physical activity include? Please write number of times per week and duration.

Weight Training.... \_\_\_\_/\_\_\_\_  Cardiovascular Exercise.... \_\_\_\_/\_\_\_\_  Stretching.... \_\_\_\_/\_\_\_\_

3. Why are you trying pilates? Please list 1 as the most important.

\_\_\_\_ Increase Flexibility

\_\_\_\_ Strengthen & Tone Muscles

\_\_\_\_ Increase Core Strength & Stability

\_\_\_\_ Add to your existing exercise program

\_\_\_\_ Improve Posture/Alignment

\_\_\_\_ Increase Circulation & Relieve Tension

\_\_\_\_ Enhance Body Awareness & Mental Concentration

\_\_\_\_ Want to "Try Pilates!"

4. Please list any medical physical injuries, surgeries and/or conditions: \_\_\_\_\_

5. Please list any ailments: \_\_\_\_\_

6. What would you like to achieve from pilates? \_\_\_\_\_