

CLIENT INFORMATION

NAME:

D.O.B.:

ADDRESS:

TELEPHONE:

H

W

C

EMAIL:

Emergency Contact:

Name: _____

Phone: _____

*Your information will only be used for programming or to contact you about studio business

POLICIES

PRICING: All services must be paid for in advance. We accept cash, personal checks, Visa and MasterCard.

FEES: Sessions may be purchased individually, packages or series. Any package or series must be redeemed within six (6) months of purchase. Packages and series are non refundable or transferable. Unlimited monthly series applies to month purchased for and is non refundable or transferable.

CANCELLATION POLICY: All classes or sessions are by appointment only, during regular business hours, booked through the front desk or by web scheduling. Clients who purchase packages or series can make standing appointments; however, standing appointments will be cancelled after three (3) consecutive missed classes or sessions. CORE Mind & Body enforces a twenty-four (24) hour cancellation policy. Cancellations not made twenty-four (24) hours in advance will be charged in full. This includes massage sessions.

SEMI PRIVATE CANCELLATION POLICY: Should one member of a semi private need to cancel (twenty-four (24) hours prior), the other member(s) of the semi private will keep the appointment, and may do so with no extra charge.

LATE ARRIVAL POLICY: If a participant is going to be late for a private or semi private session, please call the studio to hold the appointment; while an instructor will be obligated to wait twenty (20) minutes from the scheduled start of an appointment, that instructor is not obligated to wait any further. If your arrival is later than twenty (20) minutes from the scheduled start of the session, you will be charged as a cancellation. The session will not extend past original time. If a participant is going to be late for a class, please call the studio to hold the appointment. If your arrival is later than fifteen (15) minutes from the scheduled start of the class, you will be charged as a cancellation.

INSTRUCTOR REQUESTS: We reserve the right to assign alternate instructors as needed. We do take instructor requests, although there may be times we cannot guarantee that instructors availability. To ensure a high quality workout each session, our instructors keep and store detailed records of each client.

CORE Mind & Body LLC

- Please inform us of any changes in your health/medical condition
- All sessions or classes are 50 minutes in length
- All ½ sessions are 25 minutes in length
- The hour or ½ session begins at the appointment time, not at time of arrival
- 24 hour cancellation policy for pilates and massage
- Classes or sessions are non refundable or transferable
- No insurance billing, only receipts
- No cell phones, pagers, watches that beep hourly
- No pets in the studio
- Must sign in at time of class or session
- Please do not wear perfumes, scented oils or lotions
- Socks or shoes are mandatory (socks and pilates shoes are available to buy)
- Please wear shoes when working on cardio equipment
- Appropriate attire must be worn (ie... form fitting clothes, dance pants, bike shorts, sweats with undergarments, yoga wear)
- Water is acceptable in Studio
- No eating in the studio or on equipment

Printed Name of Participant: _____

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THESE POLICIES

CLIENT: _____ **DATE:** _____

RELEASE AND LIABILITY WAIVER

IN CONSIDERATION of the opportunity to participate in Pilates training sessions (“activity”), hosted and taught by CORE Mind & Body LLC of Maplewood, New Jersey, I for myself, my personal representatives, assigns, heirs, next of kin:

ACKNOWLEDGE, agree and represent that I understand the nature of the activity, and that I am qualified, in good health, and in proper physical condition to participate in such activity;

FULLY UNDERSTAND that:

(a) PILATES CAN INVOLVE RISKS of serious bodily injury, including permanent disability, paralysis, death, and damage or destruction of personal property (“risks”);

(b) These Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the activity or the condition in which the activity takes place;

(c) There may be other risks and social and/or economic losses either not known to me or not readily foreseeable at this time; and

FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity, even if caused by the negligence of the releasees named below;

AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any conditions that I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

I RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, CORE Mind & Body LLC, their administration, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and, if applicable, owners and the lessors of premises, on which the Activity takes place (the “Releasees”) from liability, claims, demands, losses or damages on my account caused, or alleged to be caused, in whole or in part, by negligence of a Releasee or the Releasees or any of them, or otherwise, including negligent rescue operations; and I further agree that if, despite this **release** and **waiver of liability**, assumption of risk, and indemnity agreement, I, or anyone on my behalf, make a claim against any of the Releasees, **I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees, from any litigation's expenses, attorney fees, loss, **liability**, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional **release of liability** to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ **I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THIS RELEASE:**

SIGNATURE: _____ **DATE:** _____

RELEASE AND LIABILITY WAIVER- Parental Consent

In consideration of _____ (MINOR) being allowed to participate in the activity, AND I, the minor's parent and/or legal guardian, understanding the nature of pilates and the minor's experience and capabilities, and believing the minor to be qualified to participate in such activity, I hereby **release**, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all **liability**, claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part, by the operations, and further agree that if, despite this **release**, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss or **liability**, damage or cost any may incur as a result of any such claim.

Printed Name of Participant: _____ DOB: _____

Address: _____

Printed Name of Parent or Guardian _____

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THIS RELEASE:

SIGNATURE*: _____ **DATE:** _____

*Signature of Parent/Guardian (if participant under age 18)

PLEASE NOTE: If you are 18 years of age and want to sign this waiver as an adult, you must attach a copy of your birth certificate. If a parent/guardian chooses to sign this **waiver**, no birth certificate is necessary.

MEDICAL HISTORY

WE STRONGLY RECOMMEND YOUR PHYSICIAN BE CONSULTED BEFORE STARTING THIS OR ANY EXERCISE PROGRAM, PARTICULARLY IF THE ANSWER IS "YES" TO ANY OF THE QUESTIONS THAT FOLLOW.

YES NO

	1	Back or knee pain?
	2	Scoliosis, lordosis, curvatures of the spine or fused vertebrae?
	3	Other muscle, bone or joint sprains, strains or problems?
	4	Pain or pressure in your neck, chest, shoulders and/or arms?
	5	Any head injury or headache?
	6	A chronic condition needing special care (e.g. insulin dependent diabetes?)
	7	Breathlessness after mild exertion?
	8	High blood pressure, aortic aneurysm, heart murmur, heart trouble or heart attack?
	9	Any surgery or other condition requiring hospitalization?
	10	Bouts of uneven or irregular heart action, fainting spells, light-headedness or dizziness?
	11	Thrombophlebitis, vein or circulatory problems?
	12	Liver, Kidney, metabolic disorders, stroke, severe or chronic cough?
	13	Urine leakage with coughing, sneezing or exercise?
	14	Do you take prescribed medication on a regular basis?
	15	Has a physician advised you not to exercise?
	16	Are you overweight or underweight by more than 20 pounds?
	17	Are you now or have you been pregnant in the last three months?

Please explain if you answered "YES" to any of the above questions:

Printed Name of Participant: _____

I HAVE READ AND FULLY UNDERSTAND ALL OF THE FOREGOING AND DO NOT NEED TO CONSULT A PHYSICIAN BEFORE COMMENCING ANY PILATES ACTIVITIES WITH CORE Mind & Body LLC:

SIGNATURE: _____ **DATE:** _____

How did you hear about us?

What are your fitness goals?

Do you currently workout on a regular basis? _____

If yes, please describe your current workout program

Has any exercise program had a positive or negative effect on your body?

What type of classes or sessions are you interested in?
