

Client Information Form

Welcome! Our mission is to empower you to be in control of your own health and wellbeing through the Pilates method. To better serve you, we ask that you please take a few minutes to complete this form. Thank you.

Name: _____ Today's Date: _____

Birth Date: _____ Occupation: _____

Street Address: _____

City _____ State /Province _____ ZIP/Postal Code _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

1. What specific fitness or health goals do you hope to achieve through the Pilates method?

- Lose Weight Strengthen Muscles Stress Reduction
 Mind/Body Connection Balance Work Target Area:
 Medical Reason: _____ Other: _____

2. List all current and any meaningful previous activities.

- Pilates Aerobics/etc. Skiing Biking Hiking Running
 Weight Lifting Swimming Climbing Yoga Walking Dance
 Other: _____

3. Describe your present physical condition. Poor Fair Good Excellent

4. Describe your physical history.

Injuries/Surgeries: _____

Ailments/Illnesses: _____

Pregnancies: _____ Other: _____

Please specify which areas of your body were affected Right (R) or Left (L).

- Head ___ Arm/Hand ___ Lower Back ___ Hip/Pelvis ___ Other _____
 Neck ___ Upper back ___ Ribs ___ Knee ___
 Shoulder ___ Mid back ___ Abdomen ___ Ankle/foot ___

5. How did you find out about The Pilates Center (friends, doctors, physical therapist, etc.)?

If applicable please include the name of the person who referred you.

- Newspaper Internet Phone Book Other _____
 Friend _____ Doctor _____



**LIABILITY RELEASE, WAIVER AND INDEMNIFICATION,
EXPRESS ASSUMPTION OF RISK AND CONSENT TO USE LIKENESS**

THIS WAIVER AND RELEASE SPECIFICALLY INCLUDES ANY AND ALL NEGLIGENCE, BY WAY OF ACTION OR INACTION, BY ANY AGENTS AND/OR EMPLOYEES OF THE TAYLOR SISTERS, INC. D/B/A THE PILATES CENTER (“TPC”).

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK. Read it carefully before signing.

1. I hereby affirm that I have read this document in its entirety. I agree to each and every term and condition of this document.
2. I hereby acknowledge and understand the inherent extreme risks in all physical conditioning disciplines and activities, including without limitation, the Pilates Method of physical conditioning and use of exercise equipment related thereto (“Activities”). I also realize that risks may be caused by bad decision-making, inattention, actions of other participants, misuse or failure of equipment and freakish accidents that cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the Activities listed above, and I agree that said list in no way limits the extent or reach of this release. I understand that the aforementioned hazards and risks are described by way of example only, and that there are numerous other hazards and risks inherent in all of the Activities to which I may be exposed. I VOLUNTARILY ASSUME ALL SUCH RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGER AND RISK INVOLVED.
3. I am unaware of any physical or mental condition that would (a) prevent me from safely participating in the Activities or (b) endanger my health or safety or the health and safety of others due to my participation in one or more Activities. I attest that I am physically fit and competent to participate in the Activities, and that all of my questions regarding the Activities have been answered to my satisfaction. I further attest that I am at least 18 years of age and otherwise legally competent to sign this document.
4. I UNDERSTAND THAT THERE ARE DANGERS AND RISKS INHERENT IN THE ACTIVITIES, INCLUDING THE RISK OF SERIOUS PERSONAL INJURIES, PARALYSIS, AND DEATH.
5. IN CONSIDERATION FOR MY BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES:
 - a. I, on behalf of myself, my family, heirs, successors, assigns, and anyone claiming any interest through me, hereby KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE, RELEASE, INDEMNIFY AND AGREE TO HOLD HARMLESS TPC, all landowners and/ or agencies on

whose property (owned, leased or otherwise) the Activities take place, and all sponsors, and all officers, directors, employees, volunteers, agents, successors, assigns and representatives of TPC (collectively referred to as the "Released Parties") FROM ANY AND ALL ACTIONS, SUITS, CLAIMS, DAMAGES, AND LIABILITY (INCLUDING ATTORNEY FEES AND COSTS), THAT I, my family, heirs, successors, assigns, and anyone claiming any interest through me, MAY HAVE FOR ANY DAMAGE, INJURY, PARALYSIS, LOSS, OR DEATH TO MYSELF OR ANY OTHER PERSON OR PROPERTY ARISING OUT OF MY PARTICIPATION IN THE ACTIVITIES, whether such damage, injury, paralysis, loss, or death results from NEGLIGENCE of any of the Released Parties or from some other cause. I understand and explicitly agree that neither I, my family, heirs, successors, assigns, or anyone claiming any interest through me, will bring any legal action whatsoever against any of the Released Parties as a result of any such damage, injury, paralysis, loss, or death to myself or any other person or property that arises out of my participation in the Activities.

b. I understand and agree that none of the Released Parties may be held liable or responsible in any way to me or my family, heirs successors, assigns, or anyone claiming any interest through me, for any injury, death, or other damages that may occur as a result of my participation in the Activities or as a result of the negligence of any participant or party, including the Released Parties, whether passive or active.

c. I hereby personally assume all risks, whether foreseen or unforeseen, in connection with the Activities, for any harm, injury or damage that may befall me while I participate in an activity, including the risk of negligence of any party or participant, including the Released Parties.

6. By signing this document, it is my intent to personally accept full responsibility for and assume all risk of injury or death. I understand and agree that TPC will not provide any insurance, or benefits, including workman's compensation benefits, on behalf of any participant in the Activities. I understand that the terms of this document are contractual and not a mere recital and state that I have signed this document voluntarily and of my own free will.

7. I understand that my participation in the Activities may be photographed and promoted by TPC and the organizers and sponsors of the Activities. In consideration for permission to participate in the Activities, I hereby give absolute right and permission to TPC, its agents, licensees, successors and assigns to use my likeness for any purpose whatsoever, including, but not limited to, to publish, broadcast, and copyright my voice and video recording, name, picture, and likeness, or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for all purposes whatsoever for any and all media and related advertising and promotion thereof. I agree that any voice and video recording, picture, or likeness of me, or anything derived therefrom created by TPC is owned by TPC. If I should receive any print, negative, or other copy, I shall not authorize its use by anyone else. I shall have no right of



approval, no claim to additional compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any such use, alteration, distortion, or illusionary effect or other use in any composite form. I agree that this release does not in any way conflict with any existing commitment on my part.

8. This document shall be governed by and interpreted under the laws of Colorado, without regard to conflict of laws' provisions. If any lawsuit or claim is brought regarding of my participation in the Activities, I agree that jurisdiction and venue for such suit shall be in the state or federal courts located in Boulder or Denver, Colorado, and hereby irrevocably waive any other jurisdiction or venue to which I or my estate might otherwise be entitled. If any provision of this Agreement is or becomes invalid or unenforceable in whole or in part, such provision shall be deemed amended to conform to the requirements of the law so as to be valid and enforceable, or if it cannot be amended without materially altering the intention of the parties, it shall be stricken and the remainder of the Agreement shall remain in full force and effect.

9. I have read this document in its entirety and I understand this liability release and express assumption of risk, and sign this document on behalf of myself and my heirs to evidence my agreement to each and every term and condition.

Name (clearly printed)

Signature

Date

Address

Phone



Trainee Policies

Conduct Policy

Students are expected to act in a respectful, mature and professional manner in the studio; and follow observation, practice teaching, volunteer client and studio protocols.

Hold, Extension, and Transfer Policy

All students must complete the appropriate Hold, Extension and/or Transfer Form, and have it signed by the Director of Education, before the change of status takes effect. If a Hold Form is not signed and turned in, the Hold will not go into effect. If an Extension Form is not signed and turned in, the student will be withdrawn from the program and will need to re-apply. When re-applying for the program a student will need to complete a Re-entrance Evaluation (\$80) and fee (\$100). A Transfer Form needs to be signed and turned in to change from the 12 month to the 18 month Program and pay the transfer fee (\$250) as well as the additional tuition for the 18 month program.

Progress Policy

If satisfactory progress is not being made it is grounds for dismissal.

Insurance Policy

All students are responsible for their own Professional Liability Insurance. Proof of insurance should be submitted to the Education Coordinator before or at Orientation.

Cancellation Policy for Classes and Lessons at TPC

If you need to cancel a scheduled lesson, please notify us **at least 24 hours in advance** to be free from payment responsibility. If you cancel a lesson with less than 24 hours' notice you will be charged full price. If you do not show up for your lesson you will be charged full price. If you have an illness or emergency, we do allow two free "no charge" lessons per calendar year. If you purchase the monthly unlimited and sign up for a class that you do not attend, you will be charged regular price for that class not attended.

I have read this document in its entirety, and I understand and agree to each and every policy.

Name (clearly printed)

Signature

Date



Policies

Cancellation Policy

If you need to cancel a scheduled lesson, please notify us **at least 24 hours in advance** to be free from payment responsibility. If you cancel a lesson with less than 24 hours notice you will be charged full price. If you do not show up for your lesson you will be charged full price. If you have an illness or emergency, we do allow two free “no charge” lessons per calendar year.

Snow Closing Policy

If the Boulder Valley School District closes due to snow, we close. Should Boulder receive a lot of snow, but BVSD does not close, please call to see if we are open. Our voicemail will be updated by 7:30 a.m. with our open/close status. If you have any questions and are unable to speak with a front desk person, please leave a voicemail. We will check frequently and return calls as soon as possible.

Refund Policy

All purchases and deposits are non-refundable.

Discount Policy

Discounts on lessons are granted only when account credit is purchased before the first lesson. We will notify you when your account credit is about to be completely used or expire. All lessons taken after the account credit is used up or expires will be charged at full price. Unpaid past lessons must be paid in full at the non-discount price before an account credit is purchased.

Scheduling Policy

Should you have a \$200.00 negative account balance or a negative account balance for more than 90 days, we will remove you from all future scheduled lessons. You will not be allowed to schedule lessons until your account is brought current.

Returned Check Policy

Should your check be returned for insufficient funds, we charge \$25 for the first return (if the check clears on the second try.) If it is returned again, we charge \$40 plus the original check amount and the first returned check fee, and request cash or credit card payment for all future lessons.

I have read this document in its entirety, and I understand and agree to each and every policy.

Name (clearly printed)

Signature

Date



Liability Insurance Form

All students must have their own liability insurance to practice teach at The Pilates Center. Please email your insurance to Pace Wilson prior to beginning the training program, forms@thepilatescenter.com. If you are working with another studio during the program, you will need to give a copy to that studio owner as well.

Here are a few options for liability insurance:

Pilates Method Alliance www.pilatesmethodalliance.org

Pilates Insurance Plus www.nacams.org/TPC
Use code: The Pilates Center