

White Cloud Pilates West - New Client Release Form

PLEASE PRINT CLEARLY

~ Thank you ~

Section One Client Information

Full Name: _____ Mobile: _____ Email: _____

Home Address: _____ Apt: _____ City: _____ ST: _____ Zip: _____

Emergency Contact Info: _____

Name

Mobile

Relationship

Section Two MEDICAL HISTORY

I am in good health, and I am not aware of any physical problems, which may restrict me in any way. Please discuss with your Pilates coach any of the following conditions as they apply to you:

- Protruding disks, sciatica, bone spurs or other spinal problems
- Previous surgeries, especially to the spine, neck, hips, abdominal wall, knees, and feet
- Conditions which may require surgery in the future
- Chronic conditions such as bursitis, tendentious, arthritis or muscular dystrophy
- Pregnancy, heart disease, high blood pressure

Disclaimer: Although I understand that White Cloud Pilates West exercise is usually safe, I recognize that any physical activity holds some risk of injury. I fully acknowledge and accept this potential risk, and I am willingly participating. In consideration of my participation in White Cloud Pilates West’s Pilates program, I, _____, for myself and my family, release White Cloud Pilates West (its employees and owners), from any claims, demands and causes of actions arising from my participation in the exercise program. I, _____, also hereby release White Cloud Pilates West, from any liability now or in the future including, but not limited to, muscle strains, pulls, tears, broken bones, heart attacks, knee, lower back, or foot injuries and any other illness, soreness or injury, however caused, occurring during or after my participation in this exercise program.

I have read and fully understand the above.

X Signature: _____

Date: _____

(Participant or Guardian)

Section Three White Cloud Pilates West POLICIES

Someone has explained the following policies to me, and I understand that these polices apply to any White Cloud Pilates West session.

- A **6 -Hour cancellation notice** must be given for cancellations of any appointment. **You will be charged** for any cancellations that do not meet this cancellation policy.
- Clients who attend classes are responsible for managing his/her own schedules, both into and out of classes. A **“no show”** for any type of session, be it a private or a group class, **will result in a charge**.
- There are **NO REFUNDS** on package purchases, although packages may be transferred.
- **Full Payment** must be received prior to attending any type of session at White Cloud Pilates West.

X Signature: _____

Date: _____

(Participant or Guardian)