

CLIENT INFORMATION

White Cloud Pilates West
New Client Release Form
1414 Riverside Dr.
Lakewood, OH 44107

Name: _____
First Last

Home address: _____
Street Apt. #

City ST Zip

Contact Info: _____
Mobile # Email

Emergency Contact: _____
Name Phone # Relationship

How did you hear of us? ___ **Building Sign** ___ **Internet** ___ **Clients referrals**
Name of referring client _____

MEDICAL INFORMATION

Please discuss, with your Pilates instructor, any of the following, as they apply to you:

- Protruding/degenerative disks, scoliosis, sciatica, bone spurs or other spinal problems
- Previous surgeries, especially to the neck, shoulders, abdomen, hips, spine, knees, and/or 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, or osteoporosis

Disclaimer: Although I understand that Pilates exercise is usually safe, and 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 (WCPW's) Pilates program, I, _____, (Print Full Name) for myself and my family, release WCPW (its employees and owners), from any claims, demands and causes of actions arising from my participation in the exercise program, and I, _____, (Print Full Name) hereby release WCPW, 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 program.

I have read and fully understand the above.

X Signature _____ **Date** _____
(Participant or Guardian)

WHITE CLOUD PILATES WEST POLICIES

Someone has explained the following policies to me, and I understand that these polices apply to any WCPW session.

- We request a **6-Hour cancellation notice** for cancellations of any class or appointment.
- 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)