



About You:

Date: _____ Name: _____
Date of Birth: _____ Male Female Prefer contact by: Email Phone Text
Best Phone: _____ Hm Cell Wrk Alt. Phone: _____ Hm Cell Wrk
Email: _____ Ok to send emails, birthday cards, etc.? Yes No
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
How did you hear about us? _____
Referred by: _____ May we send them a Thank You card: Yes No

Emergency Contact:

Name: _____ Relationship: _____
Best Phone: _____ Hm Cell Wrk

Health History:

Have you done PILATES exercises before? Yes No
Describe _____
What are your goals for your PILATES experience? _____
What other type of movement exercise or sports do you participate in? _____
What is your previous history of exercise/movement? _____
Do you have any current or previous injuries? Yes No Please describe if Yes:

Are you currently under medical or therapeutic treatment? Yes No Please describe if Yes:

Is there anything else about your current health or health history that I should be aware of?

Physical Activity Readiness

Has your doctor ever said you have a heart condition? Yes No

Do you often feel faint or have spells of severe dizziness? Yes No

Do you regularly experience numbness or tingling anywhere in your body? Yes No

Has your doctor ever said your blood pressure was too high, or do you have any other pressure related condition such as glaucoma? Yes No

Has your doctor ever told you that you have a bone or joint problem, such as arthritis, osteoporosis, or other condition that has been aggravated by exercise or might be made worse by exercise? Yes No

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No

Are you over the age of 65 and not accustomed to vigorous exercise? Yes No

Are you pregnant?
If yes, what is your due date? _____ Yes No

Studio Policies

24-Hour Cancellation Policy: Your time is reserved exclusively for you. There is a 24-hour cancellation policy that applies to all classes, duets and private sessions. If you do not cancel a minimum of 24 hours prior to your session, you will be charged the full fee. This policy applies for any reason, including illness.

Before/After your session: If you arrive early, feel free to wait on the chairs provided. You may also roll out, stretch or use the Foot Corrector/Toe Corrector. Be sure to give priority to the teachers and clients in session. Please do not wait in the Ultimate Fitness Gym and do not sit on or use their equipment while you wait (including treadmills, cycles, etc.). We ask that you avoid chatting before or after the session so as not to disrupt other sessions.

Clean Up: We ask that you wipe down your equipment at the end of your session.

Package rates: Packages are non-refundable and non-transferable. They are an incentive to encourage a more consistent practice and as such, they expire 6 months after purchase.

Cell Phones: Please turn your cell phone to vibrate or off so as not to disturb other sessions

55 Min. Sessions: Your session will end with 5 min. to spare to allow for clean up, future scheduling and/or payment.

Rates

Private Sessions	\$90 /55 min. session
10 Sessions	\$850 (packages are non-transferable, non-refundable)
20 Sessions	\$1600 (packages are non-transferable, non-refundable)

I _____ agree to adhere to the studio policies and am aware of the risks and the 24 hour studio cancellation policy.

Signature: _____ Date: _____



Release of Liability Waiver

I _____ hereby agree to the following:

I agree to take full responsibility for not exceeding my limits and for any injury or discomfort I might experience in the study and practice of Pilates.

I recognize that Pilates requires physical exertion, which may be strenuous and I am aware of the risks and hazards involved.

It is my responsibility to consult with a physician prior to and regarding my participation in Pilates. I am physically sound to begin this exercise program and/or have proper approval from my physician to begin Pilates training.

I waive any claim that I might have at any time for injury of any sort against Sharon Gallagher-Rivera, Internal Fire Pilates (or any of the instructors contracting with Internal Fire Pilates at 457 Miller Ave., Mill Valley), and Ultimate Fitness Gym/Union Bank.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Print Name: _____

Signed: _____ Date: _____