New Student Form - 2013

Release of Liability: In signing below, I agree that Pilates +, LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Pilates +, LLC may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither, I, my heirs, assigned or legal representatives will sue or make any other claims of any kind whatsoever against Pilates +, LLC or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. Pilates + has a <u>24-hour cancellation policy</u>. Reservations and appointments cancelled with less than 24 hours notice will result in a charge to the client for the full cost of the session.

than 24 hours notice will result in a charge to the client	for the full cost of the se	ssion.	
Release of Liability – Signature:		Date:/_	/
Please	PRINT legibly.		
First Name: Las	st Name:		
Address:			
City:	State:	Zip:	
Cell Phone: () Home Phone	e: ()		
Work Phone: () Ext			
Birth date:/ Email address	38:		
Emergency Contact			
Name: Relation:	Phone #	: ()	
How you heard about us?		Group Class Instructor Approval	
2. What are your interests? Please number from 1-6: Pilates Yoga Zumba		Approved Class	
Nia Cardio Total Body Conditioning		nature	
3. What would you like to see offered at our studio that is already on the schedule?	sn't	Approved Class	
		Instructor Signature	
4. What is the ideal time for you to workout?		Approved Class	/
What studio/gym do you currently visit most often? Lo	cation?	Approved Class	Date Approved
		Instructor Sig	nature

For Office Use Only

First Class Attended:

Postcard Sent:

Entered in Mindbody:

Health Form: _