



**Agreement & Release of Liability**

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I have been advised and understand that fitness activities, such as pilates and using pilates equipment, involve a risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I am voluntarily participating in these activities and using equipment, pilates equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or even death.

**(Please initial)** \_\_\_\_\_

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment, pilates equipment and machinery. I do hereby acknowledge that I have been informed that a medical evaluation is advisable before participation in an exercise/fitness activity or in the use of exercise equipment, pilates equipment and machinery. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in activity and use of equipment, pilates equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. I understand it is my responsibility to fully inform ibeyond pilates of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I understand that ibeyond pilates nor its employees are engaged in diagnosing or treating medical disease or deficiencies.

**(Please initial)** \_\_\_\_\_

3. I expressly assume all risks of my participation in the programs of pilates conditioning conducted by ibeyond pilates (ibeyond, inc.) and hereby waive, release and forever discharge any claim which might otherwise bring against ibeyond pilates (ibeyond, inc.), its officers, shareholders, employees, trainees and contractors as a result of injuries resulting from or relating to my participation in pilates conditioning programs, in any activities, or use of equipment, pilates equipment or machinery.

**(Please initial)** \_\_\_\_\_

ibeyond pilates is not responsible or liable for any articles lost, stolen or damaged in or about the studio. In the case of teacher illness or emergency, another teacher will be automatically substituted. If unable to have a class substituted, class will be cancelled at no charge to you. There will be every effort made to notify each client whenever possible.

**RESERVATIONS ARE REQUIRED FOR ALL CLASSES AND SUBJECT TO A 24 HOUR ADVANCE NOTICE CANCELLATION OR YOU WILL BE HELD RESPONSIBLE FOR PAYMENT IN FULL.**

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_



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**Pre-Registration/Evaluation**

Participants Name \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Tel \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Address/Zip \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

1. Is this your first time trying pilates?     YES     NO

If no: where, what kind & how long ago? \_\_\_\_\_

2. What does your physical activity include? Please write number of times per week and duration.

Weight Training....\_\_\_\_\_/\_\_\_\_\_     Cardiovascular Exercise....\_\_\_\_\_/\_\_\_\_\_     Stretching....\_\_\_\_\_/\_\_\_\_\_

3. Why are you trying pilates? Please list 1 as the most important.

- |  |   |
|--|---|
| ____ Increase Flexibility                          | ____ Strengthen & Tone Muscles              |
| ____ Increase Core Strength & Stability            | ____ Add to your existing exercise program  |
| ____ Improve Posture/Alignment                     | ____ Increase Circulation & Relieve Tension |
| ____ Enhance Body Awareness & Mental Concentration | ____ Want to "Try Pilates!"                 |

4. Please list any medical physical injuries, surgeries and/or conditions: \_\_\_\_\_

\_\_\_\_\_

5. Please list any ailments: \_\_\_\_\_

\_\_\_\_\_

6. What would you like to achieve from pilates? \_\_\_\_\_

\_\_\_\_\_