



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, barre exercises and suspension fitness and using pilates equipment and all other 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 all the 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 all 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 all 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 all 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 all equipment and machinery in my activities. I understand it is my responsibility to fully inform ibeyond inc/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 inc/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 all the exercise programs conducted by ibeyond, inc/ibeyond pilates and hereby waive, release and forever discharge any claim which might otherwise bring against ibeyond, inc./ibeyond pilates, its officers, shareholders, employees, trainees and contractors as a result of injuries resulting from or relating to my participation in all exercise programs, pilates conditioning programs, in any activities, or use of all equipment, pilates equipment or machinery.

(Please initial) _____

ibeyond, inc./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. Please arrive on-time to class, after 10 minutes, if there is someone waiting, they will take your reformer spot.

RESERVATIONS ARE REQUIRED FOR ALL CLASSES AND SUBJECT TO A 24-HOUR ADVANCE NOTICE CANCELLATION OR YOU WILL BE HELD RESPONSIBLE FOR PAYMENT. ALL SALES ARE NON-REFUNDABLE.

Participants Signature _____ Date _____

Print Name _____ DOB _____ Age _____

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, Barre &/or Suspension Fitness? _____ 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, Barre &/or Suspension Fitness? 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, Barre &/or Suspension Fitness! |

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, Barre &/or Suspension Fitness? _____
