



**Agreement & Release of Liability**

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 TRX® suspension fitness, involve a risk of injury especially to people who have pre-existing injuries, illness or medical disabilities. I am voluntarily participating in all fitness activities and using all the equipment, pilates equipment, TRX®, barre and machinery with knowledge of the dangers involved.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, virus, infirmity, or other illness that would prevent my participation or use of all equipment, pilates equipment, barre exercises, TRX® suspension fitness, machinery and accessories. I do hereby acknowledge that I have been informed that a medical evaluation is advisable before participation in any exercise and fitness activity. 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 these activities at my own risk. 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 instructors are engaged in diagnosing or treating medical disease or deficiencies.

I hereby assume all attorney's fees, court costs, and full responsibility for and risk of loss and indemnify, waive, release and forever discharge and hold harmless ibeyond inc./ibeyond pilates, and its employees, contractors, instructors, officers, directors, members, managers, agents and representatives, for any claims, liability, damage, loss, psychological or physical/bodily injury, any/all equipment failure/breakage while using equipment, death, illness and viruses, including Covid-19, which may be sustained as a consequence of the attending at or participating in any and all of the programs, or any other activity connected with ibeyond inc./ibeyond pilates, including use of the facilities and equipment, and transportation to and from these programs, notwithstanding any such damage, loss, psychological or bodily injury (including death) may have arisen out of the negligent acts or omissions or the gross negligence of ibeyond inc./ibeyond pilates, and its employees, contractors, instructors, officers, directors, members, managers, agents and representatives.

*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 or class can be cancelled. I agree and will obey all the studio policies. By signing, I'm allowing ibeyond pilates to send emails and texts to me.*

**RESERVATIONS ARE REQUIRED FOR ALL CLASSES & SUBJECT TO A 14-HR ADVANCE NOTICE CANCELLATION OR YOU WILL BE HELD RESPONSIBLE FOR PAYMENT. YOU ACCEPT PAYING PROCESSING FEES OF RETURNED CHECKS AND CREDIT CARD CHARGEBACKS. ALL SALES ARE NON-REFUNDABLE.**

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

Print Name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Minor Participant \_\_\_\_\_ Parents Signature \_\_\_\_\_

**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, Barre &/or TRX®!  |

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? \_\_\_\_\_

\_\_\_\_\_