



Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone Number \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

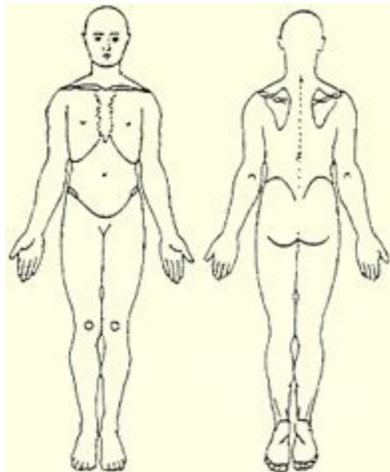
Email Address \_\_\_\_\_

Preferred method of contact? PHONE CALL TEXT EMAIL

*We do not share your contact info. We use email, phone contact and/or text to confirm appointments and or schedule changes. You will receive an introductory newsletter, simply opt-out if you don't want to hear from us. It will then be noted throughout our data system.*

Occupation \_\_\_\_\_ Hours: Sitting \_\_\_\_\_ Standing \_\_\_\_\_ Lifting \_\_\_\_\_

Activities/Athletics \_\_\_\_\_



Please use the body chart to circle any areas of pain or concern. Please rate the pain or level of concern 1 -5. 1 = uncomfortable, 3 = painful, 5 = debilitating

Are there any past or current injuries that limit your movements and/or activity level?

Has a healthcare professional placed any restrictions on how you move (no arching, lifting, sitting, jumping, etc)?

Do you have any previous training in the Pilates method? If so, with whom and for how long?

I understand that I am financially responsible for my Pilates session on the day of the appointment. I agree to give 24-hours notice for the cancellation for all appointments, and understand that if I do not give 24-hours notice, I will be charged for the missed session.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Kinesia Pilates

## PILATES LIABILITY RELEASE

I understand that the process of doing Pilates may involve dialog, questions regarding my history, previous injuries, current status, etc., and that my clear and complete responses to these questions will determine the quality and safety of the exercises.

I understand that Pilates involves unique equipment that I may not be familiar with; that the equipment is constructed of moving parts, springs, and levers; and that the movement of my body and the apparatus could result in the possibility of my falling or being trapped by the moving parts. I understand that my clear and focused involvement is necessary for my physical improvement and safety.

The instructor may move me or instruct me to move my body in ways that are new to me, and it is possible that in these movements pain or injury may occur or be exacerbated. I understand that it is my responsibility to communicate clearly and promptly with my instructor, telling the instructor of any pain, discomfort, medical findings, or physical limitations.

I recognize and understand that it remains my sole responsibility, with or without outside medical evaluation, to determine my fitness for participation in Pilates.

I recognize and understand that there are risks of physical injury inherent in participation in any physical exercise program and that those risks are increased with the use of exercise equipment, including the unique equipment used in Pilates instruction. I also understand that exercise equipment, particularly the moving parts, may be subject to fatigue or other wear and tear that may not be readily apparent to the user or to the Pilates Studio. I knowingly assume the risks involved in taking Pilates instruction, using Pilates equipment and exercising at this location.

In consideration of my participation I hereby waive any right to sue Kinesia Pilates, LLC, d/b/a Kinesia Pilates, it's instructors, employees, and agents, and release them from any future claim resulting from accident or ordinary negligence that I or my estate, heirs or assigns may have for property damage or personal injury, including wrongful death. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Washington.

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SIGNED: Client

Date

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PRINTED NAME