
CLIENT INFORMATION

Contact Information

Name _____

Phone _____

Address _____

Email _____

City _____

Appointment reminders:

State _____ Zip _____

Text Email None

Personal Information

Occupation _____

How did you find Pilates Northwest?

Hobbies _____

Date of Birth ____/____/____

Emergency Contact

Name _____

Phone number(s) _____

Relationship _____

HEALTH HISTORY

Are you currently receiving medical treatment? Include AMA, naturopathic, chiropractic, etc. Yes No

Are you pregnant? Yes No

Treatment type _____

If yes, due date: ____/____/____

Practitioner Name _____

Do you have a doctor's permission to participate in prenatal Pilates?

Condition(s) _____

Yes No

Have you ever had any of the following conditions? Please explain any items checked below.

Arthritis (osteo/rheumatoid)

Heart condition/cardiovascular disease

Osteoporosis

Neurological

High/Low Blood Pressure (circle one)

Diabetes

Allergies/asthma/environmental

Cancer

Structural/spinal/mechanical

Other _____

Provide pertinent information you wish your Pilates instructor(s) to be aware of.

List any structural, functional or movement difficulties.

List any accidents and injuries. Provide approximate dates and a brief description.

List any past surgeries. Provide conditions, dates, and relevant information.

List any chronic injuries and pain. Provide a brief description and related information.

List any current medications/supplements and conditions for which you are being treated.

List any major illnesses and conditions. Include relevant information and dates.

Provide additional pertinent medical or other information, if any.

EXERCISE & MOVEMENT HISTORY

Describe your experience with exercise and fitness, if any.

What you would like to experience and accomplish during your Pilates sessions?

Do you exercise now? If so, explain.

Have you had body work such as massage, acupuncture, or rolfing? What type did you have, and when?

Describe your familiarity or experience with Pilates, if any.

CANCELLATION POLICY

Pilates Northwest, LLP holds a firm 24-hour cancellation policy for private, duet and supervised practice appointments. To avoid a full session charge, appointments must be cancelled or rescheduled with more than 24 hours' notice by directly contacting your instructor or calling Pilates Northwest at 206.368.6904. If you do not cancel within this time frame, or do not show up for your appointment, you will be responsible for the full payment of the session. Repeated, chronic cancellations may result in the forfeiture of a particular time slot.

If you must cancel/reschedule please note contacting your instructor directly is the most efficient and preferred method of communication. PILATES NORTHWEST DOES NOT ACCEPT CANCELLATIONS VIA EMAIL.

Private Sessions, Duets and Supervised Practice Sessions

Occasional illness and emergencies are not subject to this policy. The instructor reserves the option to teach, reschedule or cancel a duet or supervised practice session in the event all session participants, except one, have given 24 or more hours of notice and have cancelled for that day. The instructor agrees to contact the remaining student at least 24 hours in advance to discuss said options.

6-week Reformer Classes

Six-week group reformer classes are formatted as a group commitment to share an instructor. Students pay for the 6-week series in advance, sign off on all dates they will attend, and then prepay only for those sessions they commit to attending during the series. Absences are charged a full class fee during the 6-week session if the client is previously scheduled and signed off to attend the group class. Emergencies and occasional illness will not be charged, and a session fee will be credited toward future classes.

Cancellation Policy Acknowledgement

Pilates Northwest, LLP hires highly skilled, experienced Pilates instructors. These individuals are employees of Pilates Northwest, LLP. All sales are final and not refundable. We will, however, transfer them to a friend if you are unable to continue. There is a \$35 fee for all overdrafts/returned checks.

Print Name _____ Signature _____
Date ____/____/____

COVID-19 AGREEMENT

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include: fever, fatigue, dry cough, difficulty breathing

I agree to the following:

I understand that Pilates Northwest, LLP, its employees and Partners cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

I understand that, by signing this form, I am aware of the risks involved and consent to having Pilates sessions at Pilates Northwest, LLP.

I understand that my name and contact information might be shared with the WA State Dept. of Health in the event a client of Pilates Northwest, LLP, its employees or Partners tests positive for COVID-19.

I understand my contact details will only be shared in the event they are relevant based on suspected exposure date and only for appropriate follow-up by the Department of Health.

By signing below, I agree to each statement above and release Pilates Northwest, LLP from any and all liability for unintentional exposure or harm due to COVID-19.

Print Name _____ Signature _____
Date ____/____/____

WAIVER & RELEASE OF LIABILITY / PRIVACY POLICY

Waiver and Release

You (client of Pilates Northwest, LLP and its staff of employees) agree if you engage in any physical exercise, Pilates, during online sessions or use any part of the premises, you do so at your own risk. This includes, without limitation, your use of the locker area, parking area, sidewalk, any equipment in the studio and your participation in any activity, private lesson, class program, online program or instruction in Pilates. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, damage or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property. You agree on behalf of yourself and your personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Pilates Northwest, LLP and our affiliates, employees, staff agents, representatives, successors and assigns from any and all claims. This waiver and release of liability includes, without limitation, injuries which may occur as a result of your use of any equipment or facilities which may malfunction or break, both in-studio and with equipment provided by Pilates Northwest, LLP during online sessions, including slipping and falling while in Pilates Northwest, LLP or on the premises, during online sessions at your chosen location, on sidewalks, stairs or areas around the premises. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against Pilates Northwest, LLP, its affiliates, employees, owners, agents, representatives, successors and assigns for negligence.

Pilates Northwest, LLP performs regular equipment safety and maintenance checks to ensure the highest level of equipment performance and safety possible and employs highly educated, certified, experienced, Pilates instructors.

Privacy Policy

Pilates Northwest, LLP, respects your concerns about privacy. This policy is intended to ensure your information is handled in a safe and responsible manner. Pilates Northwest, LLP currently uses personal information strictly for contact purposes and to curate personally tailored exercise programs for each client. All information gathered is confidential. Pilates Northwest, LLP does not share your information with outside parties. We may use your contact information to communicate special offers, promotions, events and information about Pilates Northwest, LLP to you via email. If you do not wish to receive these emails, you may opt out of future mailings.

Print Name _____ Signature _____
Date ____/____/____