

Pilates Northwest
Client Intake Form

20030 Ballinger Way NE, #A-06,
Shoreline, WA 98155
www.pilatesnorthwest.com
info@pilatesnorthwest.com
206.368.6904

CLIENT INFORMATION

Contact Information

Name _____
Address _____
City _____
State _____ Zip _____

Phone _____
Email _____
Appointment reminders:
 Text Email None

Personal Information

Occupation _____
Hobbies _____
Date of Birth ____/____/____

Vaccination Information

Please provide proof of vaccination or a negative PCR COVID-19 test*.
 Proof of Vaccination Negative PCR Test
*as outlined in COVID-19 agreement herein.

Emergency Contact

Name _____
Phone number(s) _____
Relationship _____

How did you find Pilates Northwest?

HEALTH INFORMATION (OPTIONAL)

Are you currently receiving medical treatment? Include AMA, naturopathic, chiropractic, etc. Yes No
Treatment type _____
Practitioner Name _____
Condition(s) _____

Are you pregnant? Yes No
If yes, due date: ____/____/____
Do you have a doctor's permission to participate in prenatal Pilates?
 Yes No

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

- | | |
|---|---|
| <input type="checkbox"/> Arthritis (osteo/rheumatoid) | <input type="checkbox"/> Heart condition/cardiovascular disease |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> High/Low Blood Pressure (circle one) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies/asthma/environmental | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Structural/spinal/mechanical | <input type="checkbox"/> 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 requires a **minimum of 24-hours' notice** for all cancellations of private sessions and duet sessions to avoid being charged a full session fee.

- To cancel or reschedule, please contact your instructor directly by phone or text.
- If you do not have your instructor's contact information, please call the studio at (206) 368-6904.
- Pilates Northwest does not accept cancellations by email.
- If you cancel a session with less than 24-hours' notice, you will be charged the full session fee, except in the case of occasional illness/emergency.
- Chronic cancellations may result in us reassigning your preferred time slot.
- In the case of duet or supervised practice sessions, we reserve the option to reschedule or cancel a session when all participants but one have cancelled with at least 24-hours' notice.

6-week Reformer Classes

Group class participants sign up in advance for each 6-week series. We will only collect payment for the dates you commit to attending.

Group reformer classes require a minimum of two participants. If only one participant is scheduled for a particular date, we will cancel that week's class and offer the remaining participant the option of either receiving a credit or paying extra to do a private session at the scheduled class time.

Important: Our 24-hour cancellation policy does not apply to group classes. If you miss a class you signed up for, you will be charged. In the case of an occasional illness or emergency, you will receive a credit toward your next series.

Trying a group class for the first time? Feel free to pay for a single "drop-in" class to see if it's a fit for you before committing to our 6-week reformer class series.

Print Name _____ Signature _____

Date ____/____/____

COVID-19 AGREEMENT

Pilates Northwest follows State of Washington, King County and CDC COVID-19 guidelines and requirements and has implemented enhanced sanitization/cleaning and distancing. Pilates Northwest requires well-fitting masks to be worn while in the studio.

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

I agree to the following:

I understand that if I am unvaccinated or cannot prove vaccine status, I am required to provide proof of a negative PCR COVID-19 test within the last 72 hours prior to entry.

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 ____/____/____