



All sessions run 55 minutes.

Regarding cancellations - 24 hours notice is required for all missed sessions. Otherwise, you will be charged for the cost of your scheduled session. In the case of illness or emergency, call at your earliest convenience to cancel or reschedule.

If you have purchased a duet package and your partner cancels within 24-hour notice, you will be notified and if you choose to keep that scheduled time you will be charged the private rate or you may reschedule your session. I will do my best to find another partner to fill that time slot for your convenience. Regarding Mat classes (2 person minimum) or reschedule.

Package payments are due prior to or on your first scheduled appointment. Additional package payments are due on the last day of your existing package.

Series packages are to be completed within 90 days from date of purchase. Unused sessions expire after the ending date.

Series packages are non-refundable and non-transferable.

Please wear comfortable, yet fitted clothing to your session.

Please refrain from wearing perfume or cologne.

Gift certificates are available.

## CONTACT INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Yes, please send me studio updates, events & "specials" information by email.

\_\_\_\_\_ No, do NOT send me studio updates, events & "specials" information by email.

## HEALTH HISTORY-INFORMATION

NAME:

DATE:

Please list & briefly describe current or old injuries, aches, and pains:

Any surgery within the past year:

Are you presently undergoing therapy? e.g. massage, physical, chiropractic...:

What is your current physical regimen/activity?:

Have you ever practiced Pilates in the past? If yes, where?:

What is your occupation? What does your typical day involve physically?:

Are there any other health concerns? e.g. asthma, heart, chronic conditions, back pain...:

What are your goals? What do you want most from this program?:



**WAIVER & RELEASE OF LIABILITY AGREEMENT  
!!! READ BEFORE SIGNING!!!**

In consideration of enrolling and participating in Pilates Patagonia LLC exercise program and activities, I, the undersigned \_\_\_\_\_, acknowledge, understand, and agree that:

I understand that I have enrolled in a physical exercise program, which may be strenuous. I have done so at my own risk. I willingly agree to comply with the stated customary terms, policies and conditions for participation. I affirm that: 1) I have no significant physical issues; and 2) I am in good physical condition.

I understand that participating in classes held at Pilates Patagonia, LLC may carry certain inherent risks regardless of the care taken to avoid the risk of injuries. The risks may include, without limitation: bruises, sprains, broken bones, joint or back injuries, heart attack, disability and death. I am voluntarily participating in physical exercises and programs presented and knowingly assume all risks.

I, for myself, my heirs, assigns, personal representatives, and next of kin **HEREBY RELEASE** Pilates Patagonia LLC and its affiliates, employees, contractors, agents, and landlords (collectively, "released parties") from any and all liabilities, claims, actions, damages to my person or property, costs and expenses arising out of my use of Pilates Patagonia programs and services, whether from my negligence, the negligence of the released parties or otherwise, or the condition of the premises, facilities and/or equipment.

I further understand that by signing this Waiver and Release Agreement, I am releasing and holding Pilates Patagonia LLC harmless from any loss or damage to my personal property.

This Agreement is a complete and unconditional waiver and release to the fullest extent permitted by law.

**I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS, THE RISKS I AM ASSUMING, AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I HAVE SIGNED THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION TO DO SO.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Age \_\_\_\_\_