

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOW DID YOU HEAR ABOUT US \_\_\_\_\_

EMAIL \_\_\_\_\_ OCCUPATION \_\_\_\_\_

POSSIBLE AILMENTS: (Please circle all that apply)

Bad Back	Asthma	Low Flexibility	Sciatica
Migraine	Chronic Illness	Stress Knee Injury	High/Low Blood Pressure
Scoliosis	Glaucoma	Other _____	

Are you pregnant or planning a pregnancy? \_\_\_\_\_

If you have any kind of pre-existing condition which may affect your ability to participate in Pilates. We ask that you let us know and that you consult a health care practitioner to approve your participation

### **Informed Consent And Waiver & Release of Liability**

I have volunteered to participate in a programme of progressive physical exercise and to retain the services of Spiral Pilates Studio to receive physical training. I intend to assume all risk of injury from my participation. To that end I acknowledge and agree the following:

I am aware that Spiral Pilates is here to serve me by sharing knowledge of Pilates

I recognise that these activities may at times be strenuous. By my participation in any of these activities, I consent to you that I am physically fit. I know that I have the right to choose what exercise I do or do not perform in addition to withdrawing from any exercise at any time

I am aware muscle and cardiovascular conditioning programme at Spiral Pilates utilises Pilates stretching and strengthening. I accept personal responsibility for any other damages or other injuries I might suffer. It is my responsibility to ascertain that there is no medical reason to prevent my participation

I assume full risk for any injuries, which I may incur and waive any claim that might at any time for injury of any kind against Spiral Pilates or any person or entity in any way involved herewith

I take full responsibility for my personal belongings

I have read and understand this informed Consent and Waiver and Release and Liability and it accurately represents my intentions and I agree to be bound by its provisions

Signed \_\_\_\_\_ Dated \_\_\_\_\_

## **Spiral Pilates Studio Booking and Payment Policies**

I understand that all appointments and classes are subject to a 24 hour cancellation policy and that if I fail to cancel prior to 24-hours in advance, I will be charged the full amount

I understand that if I have not shown up within 20 minutes of my scheduled session time. I will be charged the full session fee. My teacher is not responsible to stay past 20 minutes if I have not called to say that I am coming

I understand that teachers are subject to change due to scheduling or emergencies, and that if another teacher is made available to me, I am still responsible for keeping my appointment if it is within 24 hours of the session or class time. (If you have requested a certain teacher, all efforts will be made to contact you, therefore please keep updated on new numbers and contact information.)

Spiral Pilates Studio is not responsible for a change in a teacher's schedule, nor the teacher leaving the employ of Spiral Pilates Studio

There are NO REFUNDS given at Spiral Pilates, however transfers of credit can be arranged at the manager's discretion

All packages expire automatically after 4 months from the date of purchase. There is a £20 reactivation fee within one year after date of purchase. You may renew any package up to one year from date of purchase

I have read and agree to the Terms and Conditions stated on the corresponding page.

There will be a £25 fee for all returned and bounced cheques

Signature \_\_\_\_\_