



Client Information

NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

IN CASE OF EMERGENCY CALL: _____ PHONE: _____

PRIOR EXERCISE:

MEDICAL HISTORY (Include all breaks, aches, pains, strains and accidents or special medications):

REASONS FOR APPOINTMENT (be specific):

REFERED BY: _____

COMMENTS: _____

PILATES TRAINING AGREEMENT

I _____ (student) have enrolled to participate in a fitness and wellness program that will include Pilates training and may also include cardiovascular and other physical activities. These programs will be taught by teachers and staff associated with Precision Pilates of Spokane, Inc.

I acknowledge that these trainings are designed to provide training for my physical balance and well-being. At times the programs may involve strenuous physical exertion. I agree that I have either consulted my physician, other health care provider or made my own determination that I am capable of participating in these programs. I have informed my teacher of this, and have not otherwise relied on her/his opinion of my fitness or qualification for these programs and activities.

I acknowledge that my participation in these programs may cause me to experience a degree of physical change and from time to time pain or discomfort, If that occurs I agree to promptly report those sensations to my teacher and I agree that she/he may rely on me to promptly and accurately report these occurrences to her/him.

I agree to participate in the programs, which may consist of:

Privates: Private sessions are \$65.00 per session.

Semi Privates (2 people): Semi private sessions are \$37.50 per client per session.

Equipment Classes: Equipment classes are \$25.00 per client, per class.*

Mat Classes: Mat classes are \$12.00 per class.*

Spin Classes: Spin classes are \$7.00 for studio clients, \$10.00 for non clients

* Mat and Equipment classes are sold in sessions.

All fees paid are non refundable and are not transferable.

I further agree that as part consideration of my promise to participate in these programs I agree to attend all sessions, and that I will be on time and prepared for each session. **Sessions will begin and end on time.**

I agree that if I fail to timely appear for any session, class or appointment I schedule or request I will nonetheless be charged the full fee. Although I may, for reasons of emergency or illness cancel a session without financial penalty, but only if I provide notice of such occurrence 24 hours in advance and only if she/he agrees that such event is in fact an emergency.

By entering into this agreement I acknowledge that these programs involve progressively strenuous physical exertion. I acknowledge that there are inherent risks to me in following and performing these programs. I specifically agree to release, discharge and hold harmless Amber Butler, Precision Pilates, Inc. its teachers, agents and assigns from any and all liability known or unknown to me and arising out of my participation in the programs and activities performed under this agreement. My release shall extend to and include all ordinary negligence if such shall occur. This is the entire agreement between Precision Pilates, Inc, its owner, staff and myself. No other agreement exists and this may be changed only if the change is in writing and is signed by both of us.

Dated this ____ day of _____ 201__

Precision Pilates, Inc

Student