



About You

DATE: _____ NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PREFER CONTACT BY: EMAIL PHONE TEXT

BEST PHONE: _____ HOME CELL WORK

ALT PHONE: _____ HOME CELL WORK

EMAIL: _____ OK to send
Birthday cards? YES NO

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ EMPLOYER: _____

HOW DID YOU HEAR ABOUT US? _____

REFERRED BY: _____ May we send them
a Thank You card? YES NO

Emergency Contact

NAME: _____ RELATIONSHIP: _____

BEST PHONE: _____ HOME CELL WORK

Health History

Have you done Pilates before? YES NO

Describe:

What are your goals for your Pilates experience?

Specifically, what are your physical goals?

What other type of movement exercise or sports do you participate in?

What is your previous history of exercise/movement?

Do you have any current or previous injuries?

YES NO

Please
describe
if yes:

Are you currently under medical or therapeutic treatment?

YES NO

Please
describe
if yes:

Is there anything else about your current health or health history that I should be aware of?

We are an Instructor Training Facility.

Are you open to having your sessions observed by Teachers in Training? YES NO

Are you interested in our Pilates Education Lab teacher training program
and/or other educational opportunities?"

YES NO

Physical Activity Readiness

Has your doctor ever said you have a heart condition? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Do you regularly experience numbness or tingling anywhere in your body? YES NO

Has your doctor ever said your blood pressure was too high, or do you have
any other pressure related condition such as glaucoma? YES NO

Has your doctor ever told you that you have a bone or joint problem, such
as arthritis, osteoporosis, or other condition that has been aggravated by
exercise or might be made worse by exercise? YES NO

Is there a good physical reason not mentioned here why you should not
follow an activity program even if you wanted to? YES NO

Are you over the age of 65 and not accustomed to vigorous exercise? YES NO

Are you pregnant? YES NO

If yes, what is your due date? _____

Studio Policies - 24 Hour Cancellation Policy

Your time is reserved exclusively for you. There is a 24-hour cancellation policy that applies to all classes, duets, trios and private sessions. If you do not cancel a minimum of 24 hours prior to your session, you will be charged the full fee. This policy applies for any reason, including illness.

If you arrive early, feel free to wait on the chairs provided. You may also roll out, stretch or use the Foot Corrector/Toe Corrector. Please just give priority to the teachers and clients in session.

Filtered water is provided for you in the gym.

Please do not wait in the Ultimate Fitness Gym and please do not use their equipment while you wait (including treadmills, cycles, etc.)

Please wipe down your equipment at the end of your session.

Please use cubbies for your belongings and turn cell phones off.

Rates

Please refer to our website (internalfirepilates.com) or our app for current rates. We'll also be glad to give you a printed schedule, which includes our current rates.

I _____ agree to adhere to the studio policies and am aware of the risks and the 24 hour studio cancellation policy.

SIGNATURE

DATE



Release from Liability Waiver

I [redacted] hereby agree to the following:

I agree to take full responsibility for not exceeding my limits and for any injury or discomfort I might experience in the study and practice of Pilates.

I recognize that Pilates requires physical exertion, which may be strenuous and I am aware of the risks and hazards involved.

It is my responsibility to consult with a physician prior to and regarding my participation in Pilates. I am physically sound to begin this exercise program and/or have proper approval from my physician to begin Pilates training.

I waive any claim of negligence that I might have at any time for injury or any negligent act or omission of any sort against Sharon Gallagher-Rivera, Internal Fire Pilates, Inc. (or any of the instructors employed or contracted by Internal Fire Pilates, Inc. at 457 Miller Ave., Mill Valley), and Ultimate Fitness Gym, Randy Green, and Union Bank.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

PRINTED NAME

SIGNATURE

DATE

Please e-mail this completed form to info@internalfirepilates.com
If opening on a mobile device, you may need to download Adobe fill and sign.