



Rainbow Pilates

At the End of our Rainbow you will have a stronger core!

Client Registration

Please complete this form thoroughly so we can help you get fit for life.

Date: _____ How did you hear about us? _____

If "online" was it (circle one) Google Facebook Twitter Yahoo Other _____

Have you ever done Pilates, Yoga, Barre, Cardiolates or Piloxing (circle all that apply) Y N

Name: _____ Birthday _____

Address: _____

City _____ State _____ Zip _____

Email (Print Please): _____

Phone: (Indicate Home/Work/Cell) _____

Emergency Contact: _____ Phone _____

GOALS:

What would you like to focus on during your Session? _____

Mark all applicable goals with an x, and circle highest priority.

| | | |
|-------------------------|----------------------|---------------------------|
| _____ Flexibility | _____ Endurance | _____ Strength |
| _____ Weight Loss | _____ Rehabilitation | _____ Sports Conditioning |
| _____ Stress Management | _____ Pain Reduction | _____ Other |

EXERCISE BACKGROUND

How often and how long are your exercise sessions?

What level of intensity do you work out?

_____ Very Light _____ Moderate _____ Mixed Mod/Heavy
_____ Light _____ Mixed Moderate/light _____ Heavy

How often do you plan to come to our studio? (We recommend **at least** twice a week.)

What type of exercise do you like?

What do you feel your current condition is?

HEALTH HISTORY

Are you, or have you been under any medical restrictions? Y N

Describe:

Are you currently taking any medications? Y N

Are you pregnant? Y N Due Date _____

Do you currently have or do you have a history of the following?

_____ Low back Pain _____ Neck Pain _____ Disc Issues
_____ Scoliosis _____ Sciatica _____ Hip, Knee, Ankle Issues
_____ Foot Issues _____ Shoulder Issues _____ Muscle Strains
_____ Arthritis _____ Headaches _____ Vertigo/Dizziness
_____ Seizures _____ Diabetes _____ High/low Blood Pressure
_____ other problems/concerns (please list)

Studio Policies

1. _____ I understand there is a 24-hour cancellation policy for private sessions and Megaformer classes, and that I will be charged in full if I fail to provide appropriate notice.
2. _____ I understand that I need to reserve space in any mat pilates, yoga, cardiolates, barre or piloxing group class by logging on to my account online or calling Rainbow Pilates.
3. _____ I understand that the monthly membership is MONTH TO MONTH and if I need to put on hold or cancel for any reason, I need to give at least a 2 days notice for future automatic drafts.
4. _____ All session and class packages expire 90 days from the purchase date. (For the group on the 10 session offer expires in 30 days and the 20 session offer expires in 60 days.)
5. _____ No refunds, only exchanges and studio credit.

Participant Signature _____ Date _____

Print Name _____



RAINBOW PILATES, LLC
WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

You (the client) agree that if you engage in any physical exercise, class, or activity, you do so at your own risk. You agree that you are voluntarily participating in activities and assume all risk of injury or illness. You agree to release and discharge Rainbow Pilates from any and all claims or causes of action (known or unknown) arising out of my negligence. 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 claim against me for my negligence.

You (the client) also understand that a medical evaluation is advisable before commencing any program of physical condition or exercise. I have or will continue to keep Rainbow Pilates fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise of physical condition program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither Rainbow Pilates nor its employees are engaged in diagnosing or treating medical disease or deficiencies.

CLIENT'S SIGNATURE

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation of these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE

DATE

EMERGENCY PHONE:_____

Rules and Regulation for Pilates Sessions

You may reschedule a private session one day (24) hours before the scheduled session without penalty. Within that time you must pay for that session. Unless arrangements have been made with the instructor, client arriving late will only receive the remaining scheduled time for their session. A "no show" will be charged for the session. No refunds, unless the instructor cannot continue the session.

Client's Signature

Date

CANCELLATION POLICY: I UNDERSTAND THAT IF I MUST CANCEL A SCHEDULED APPOINTMENT, I MUST NOTIFY RAINBOW PILATES AT LEAST **24 HOURS** IN ADVANCE OR I WILL BE HELD RESPONSIBLE FOR PAYMENT IN FULL.