



Client Intake Form

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Occupation _____

Date of Birth _____ Preferred method of contact (circle): Text / Email

How did you hear about Simply Pilates (please circle)

internet: Google Bing Yahoo Yelp Facebook Other _____

friend: _____

drive-by

other: _____

Name in case of emergency: _____ Phone: _____

Do you exercise regularly? Y/N
If yes, what sort of activity and how often?

Do you consider yourself active Y/N

How many days a week do you exercise?
1 / 2 / 3 / 4 / 5

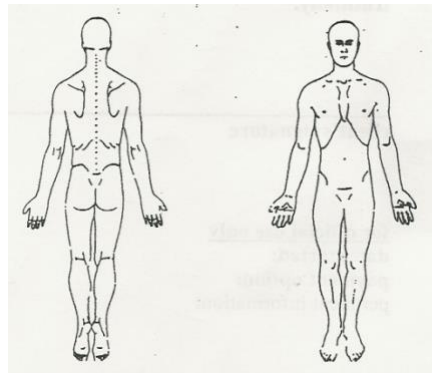
Has a health care practitioner (MD, DO, DC, etc.) placed any restrictions on how you move? (i.e. – no lifting, no arching) Please be specific.

Do you have experience with the Pilates method? If yes, with whom and for how long?

Do you travel often? Y / N
Are you on the phone a lot? Y/N
Do you sit at a computer? Y / N

Do you feel pain in any part of the body from exercise at the present time? Y / N

Please use the body chart to circle any areas of discomfort.



Do you have any injuries or physical conditions which limit your ability to exercise? Please be specific.

**I understand that 24 hour notice is required to re-schedule a session and that I will be charged for a session not cancelled within this time period. _____ (please initial)

Signature _____ Date _____



AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of The Authentic Pilates method of Body Conditioning conducted by, Simply Pilates and to use facilities, equipment, and machinery in addition to the fee or charge or for demonstration purposes, I do hereby waive, release and forever discharge, Simply Pilates and its directors, officers, agents, employees, representatives, successors and assignees, owners, administrators, executors, contractors and all others from any or all responsibilities or liability from injuries or damages resulting in my participation in any activities or my use of any and all equipment or machinery in the above activities. I do hereby release and hold harmless all of those mentioned, and any others acting on their behalf, from any responsibility or liability for any injury to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf in any arising out of or connected with my participation in any activities of The Authentic Pilates Method of Body Conditioning and Simply Pilates, or the use of any equipment at 9030 E. Via Linda #120, Scottsdale, Arizona 85258.

If you agree, please initial

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using the equipment and machinery with the knowledge of the dangers involved with the foregoing understanding. I hereby agree to expressly assume and accept any and all risks of injury or death.

If you agree, please initial

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of the equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness facility activity (including without limitation participation in The Authentic Pilates Method of Body Conditioning) or in the use of equipment or machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his or her recommendations concerning these activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate in activity and use of equipment and machinery or after being advised to seek the consul of a licensed physician have chosen not to do so and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.

If you agree, please initial

Print Name

Date

Signature