



iron butterfly  
PILATES STUDIO

### Information Sheet

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Primary Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

#### 24 Hour Appointment Cancellation Policy

Cancellations made 24 hours prior to your appointment incur no fee.

No shows and cancellations less than 24 hours will be charged full rate of service

Initial \_\_\_\_\_ Date \_\_\_\_\_

#### Class Participation Policy

Clients who are currently injured, recovering from injury, or who are pregnant or have been pregnant within the past 6 weeks must participate in private training until released from medical doctor and/or approval of Iron Butterfly Pilates Instructor.

Initial \_\_\_\_\_ Date \_\_\_\_\_

#### Correspondence

Please keep me updated on occasional news from Iron Butterfly Pilates, including schedule change, promotions and special events. Yes/No

Please provide me with further information about pilates based physical therapy. Yes/No

Please provide me with further information about Iron Butterfly Wellness and Nutritional Counseling. Yes/No



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## **Waiver, Release, and Assumption of Risk IMPORTANT GUIDELINES**

**Obtain the clearance of your physician prior to beginning any new exercise program. To reduce the risk of injury, never force or strain. The exercise, instructions and advice presented in Iron Butterfly's classes are designed for persons who are in good health and physically fit. They are in no way intended as a substitute for medical or other counseling.**

**For and in consideration of being allowed to participate in Iron Butterfly's classes and programs, (the "Programs") I hereby represent, warrant and agree as follows:**

- 1. I understand the nature of the Program and represent that I am in good health and in proper physical condition to participate in the Programs.**
- 2. I understand that the Programs may involve a risk of bodily injury resulting from my own acts or omissions, the acts or omissions of other participants in the Programs, other third parties, or due to conditions in which the Programs take place. I fully and knowingly assume all such risks and responsibility for any loss, cost or damage I incur as a result of my participation in the Programs.**
- 3. I understand that Iron Butterfly is not responsible for lost, stolen or damaged personal property of mine.**
- 4. I understand that the Programs are designed to stimulate the heart, lungs, and other organs, the cardiovascular, nervous and circulatory systems, muscles, joints, ligaments, tendons, and the brain in an effort to improve mental and physical strength and functions. I acknowledge that I am responsible for advising Iron Butterfly and for consulting with my physician with respect to any past or present injury, illness, cardiovascular problem, mental problem, joint problem, or any other condition or medication that may affect or restrict my participation in the Programs or that may be affected adversely by my participation in the Programs**
- 5. I hereby release and discharge Iron Butterfly, her successors, assigns, principals, and agents (collectively the "released Parties") from any and all liability and responsibility for injury, illness, sickness or death that results from my participation in the Programs. I further agree to indemnify and hold harmless the Released Parties from any and all causes of action, damages, liabilities and costs whatsoever arising out of or contributed to by my participation in the Programs, including, without limitation, those related to any injury to me or others or damage to or loss of my property or the property of others.**
- 6. This Waiver, Release and Assumption of risk will bind my heirs, executors and administrators.**
- 7. I understand and agree that Iron Butterfly may at their discretion photograph classes and participants in their programs for illustrative or marketing purposes. I hereby agree \_\_\_ or I do not agree \_\_\_ to allow myself to be photographed during Iron Butterfly programs for illustrative or marketing purposes .**

**I have read, understand and agree to the Waiver, Release and Assumption of Risk.**

**Today's Date** \_\_\_\_\_

**Sign Here** \_\_\_\_\_



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**Health History and Goals**

Are you currently pregnant – yes/no

In the past five years, have you had any of the following: (Circle any that apply)

- Injuries
- Physical Ailment
- Broken Bones
- Surgery
- Muscle Tension
- Muscle Weakness

Please provide details of the above:

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Do you currently exercise on a regular basis? Yes/no

Do you participate in the following: (Circle any that apply)

- Walk
- Run
- Cycle
- Swim
- Lift weights
- Pilates
- Yoga

Rate your stress level on a scale of 1(very little) – 10 maximum 1 2 3 4 5 6 7 8 9 10

Are you a Type A or Type B personality? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Goals you hope to achieve by taking pilates:

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