



Client Profile

Date: _____

Name: _____

of Birth: ____/____/____ Age: _____ M/F

Address: _____

City: _____ State: _____ Zip _____

Occupation _____

Phone: Home: _____ Work: _____

Cell: _____ E-Mail _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

*Previous Pilates Experience? Yes No

If yes, where/when/duration: _____

Please describe your current exercise program: _____

Please tell us about your goals: _____

Please list current and/or previous injuries, surgeries or anything you want us to know to help you achieve your goals: _____



Financial and Studio Policies

1. All payments will be made prior to the training session. Group classes must be paid in full prior to the 1st class. Flo Pilates Studio accepts cash, check and credit cards.
2. **Cancellation Policy:** In order to maintain consistent offerings to our clients, it is necessary to uphold a strict cancellation policy.
 - a. There is no charge for a cancellation with at least 24 hours notice.
 - b. The client will be charged the full session fee if the cancellation is made with less than 24 hours notice or if the client no shows.
3. **Late Policy:** Flo Pilates Studio is dedicated to giving you our undivided attention during your scheduled session. Your respect of the other client's time is appreciated and sessions will end promptly as scheduled. Late arrivals are responsible for the full fee of the session.
4. **Studio Policy:** As a courtesy to our clientele please adhere to the following policies:
 - a. Turn off all cell phones and refrain from using them in the studio.
 - b. Please maintain quiet conversation when sessions are in progress.
 - c. To give yourself the opportunity to experience the mind/body benefits of this exercise technique without distraction, please do not bring small children.

Signature: _____ Date: _____



Assumption of Risk and Release of Liability Agreement

I, the undersigned, assume all responsibility for and all the risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of Flo Pilates Studio.

In consideration of and as part of payment for the right to participate as a client of Flo Pilates Studio, I will hold harmless, and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Flo Pilates Studio, its owner, employees, and agents for any and all injuries resulting from or arising out of, or incident to, my use of Flo Pilates Studio or as a result of, or incident to, engaging in Flo Pilates Studio exercises or otherwise following Flo Pilates Studio instructions anywhere.

The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all members of my family. I have made the decision to participate in this program with/without consulting my physician.

Print name _____

Address _____

Phone-Home: _____ Evening _____

Signature _____ Date _____

Signature of Parent/Guardian-if under age 18 _____

Witness _____ Date _____