

FORTÉ pilates

AN AUTHENTIC STUDIO

Name _____ Date _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Email _____ Occupation _____

Age _____ Birthdate _____

Emergency Contact and Phone # _____

Current Activities _____

Have you done Pilates before? _____ Pilates goals _____

How did you hear about us? _____

Do you have any current injuries or aches and pains? _____ If so, what are they? _____

Do you have past injuries? _____ If so, what are they? _____

Check areas of concern and indicate right or left side if applicable.

_____ Head _____ Arm/Hand _____ Neck _____ Upper Back _____

_____ Shoulder _____ Middle Back _____ Lower Back _____ Ribs

_____ Abdomen _____ Hip/Pelvis _____ Knee _____ Ankle/Foot

Indicate any significant medical treatments and/or conditions (i.e. pregnancies, surgeries, high blood pressure, etc.)

Waiver of Liability and Informed Consent Release

I have enrolled in a program of instruction in the Pilates method of physical conditioning offered by Forte Pilates, LLC. I have been advised and I understand that participation in the Pilates method of physical conditioning, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that I may experience changes as a result of mat participation in the Pilates method of physical conditioning, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, etc. I accept full responsibility and liability of all above mentioned risks, possible injury, and/or changes.

Should there be any change in my condition or medication, I shall inform my instructor accordingly prior to class. I understand that if I have not participated in an exercise program for some time or have an underlying condition, I should consult my doctor before I begin. I understand that exercise may cause injury and/or discomfort, and I fully accept responsibility. I will inform the instructor and stop immediately should I feel dizziness, pain or any feeling that may suggest exercise is causing me a problem.

If I have enrolled in a program of the Pilates method of conditioning conducted by a teaching apprentice, I have been advised that the apprentice conducting the program has not completed the full requirements for certification to teach the Pilates method, and that such apprentice has limited experience teaching Pilates.

I, _____, hereby fully and forever release and agree not to hold Forte Pilates, LLC and its premises or personnel responsible for any losses, damages, injuries, or liabilities of any kind. I expressly assume all risks of my participation in the programs of the Pilates method of conditioning conducted by Forte Pilates, LLC and waive any claim which I might otherwise bring employees, apprentices, and contractors as a result of injuries from or relating to my participation in Pilates method of conditioning programs.

I hereby certify that this information is correct and understand that it will remain confidential except for the exchange of necessary information between instructors who may teach me.

Signature _____ Date _____

Studio Policies

Client agrees and takes sole responsibility for full payment and participation in any studio activities.

If a group class does not fill or your duet partner does not show prior to the commencement of class, the instructor has the option of offering a half hour private session rather than a full class/session.

Unless otherwise noted, **all packages are valid for six (6) months from the date of purchase. Packages are non-transferable and non-refundable.** After six (6) months, any unused classes shall terminate and expire.

If you do not provide a twenty-four (24) hour prior notice of cancellation, you will be charged in full for the session. Make-up sessions may be granted at the sole discretion of Forte Pilates, LLC. If you are running more than (15) minutes late, please call (208-389-4777) and let us know otherwise the session will be canceled and charged. **We know life happens, so we allow 2 free late cancellations per year. Please, use them wisely.**

Wall-Unit classes, Forte Pilates Classes, and Semi-private sessions require prior evaluation and approval for participation.

Forte Pilates, LLC will not be responsible or liable for any lost, stolen, or damaged articles left in or around the studio.

Please refrain from using scented lotions or perfumes before attending the studio. Please turn off or silence your cell phone in the studio. And please avoid wearing clothing with zippers, buckles, or buttons as they can puncture the upholstery.

I hereby accept all above mentioned studio policies and hereby certify that I will abide by all policies.

Signature _____ Date _____