

## CLIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Prior Injuries/surgeries: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

## TERMS AND CONDITIONS

The following policies help us give all clients the best possible service. We want you to enjoy Tyler Physical Therapy & Pilates and get the most out of each visit. Please read the following and initial or sign were indicated.

### General Policies

1. All cancellations must be made 24 hours in advance of your scheduled session. If you fail to cancel 24 hours in advance, or do not show for your class/session, you will be charged for the session.
2. In order to reserve an appointment (private, duo or group class), all appointments must be paid at or before time of scheduling.
3. Please notify your trainer or a staff member if you are experiencing any difficulty with your program.
4. Appointments will not be extended and will end on time even for clients arriving late.
5. All packages do not expire unless otherwise specified.
6. Please wear appropriate attire for participating in fitness classes. Avoid long or dangling jewelry, and long hair should be tied back for safety reasons. Please avoid wearing perfume or strongly scented deodorant to the studio.
7. By signing this form, I am expressing a sincere commitment to my fitness program in order to achieve my goals.

### Group Class Policies

1. Please arrive on time for each class. If you miss the warm-up, you are increasing your chance of injury, and may be interrupting other participants in the class.
2. You are welcome to bring your own mat, however, the studio will provide mats. We suggest you bring your own towel if needed.
3. Please be courteous of other participants and refrain from loud or lengthy conversation in class. Pilates requires a mind-body connection best found in a serene atmosphere.
4. Please keep cell phones turned off or silenced during class.

## RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_ (PRINT FULL NAME), hereby agree to the following:

1. That I am participating in health & fitness classes, programs or workshops offered by Tyler Physical Therapy & Pilates, during which time I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any health & fitness class, program or workshop. I represent and warrant that I am physically fit and have no undisclosed medical condition that would prevent my full participation in the classes, programs or workshops.
3. In consideration of being permitted to participate in health & fitness classes, programs or workshops, I agree that I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the class, program or workshop.
4. In consideration of being permitted to participate in health & fitness classes, programs or workshops, I knowingly and voluntarily and expressly waive any claim I may have against Tyler Physical Therapy & Pilates for injury and damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Tyler Physical Therapy & Pilates or any of their staff, for any injury or death caused by their negligence or other acts.
6. Tyler Physical Therapy & Pilates is not responsible for lost or stolen items.

I have read and fully understand the above, and I voluntarily agree to the terms and conditions stated herein.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

If participant is under 18, the undersigned, as legal guardian of \_\_\_\_\_  
Consent to the above terms and conditions.

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date