PILATES ONE®

Today's Date: _____

Personal Information

Last Name: _____ First Name: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ /_____ /_____

Fitness / Health History

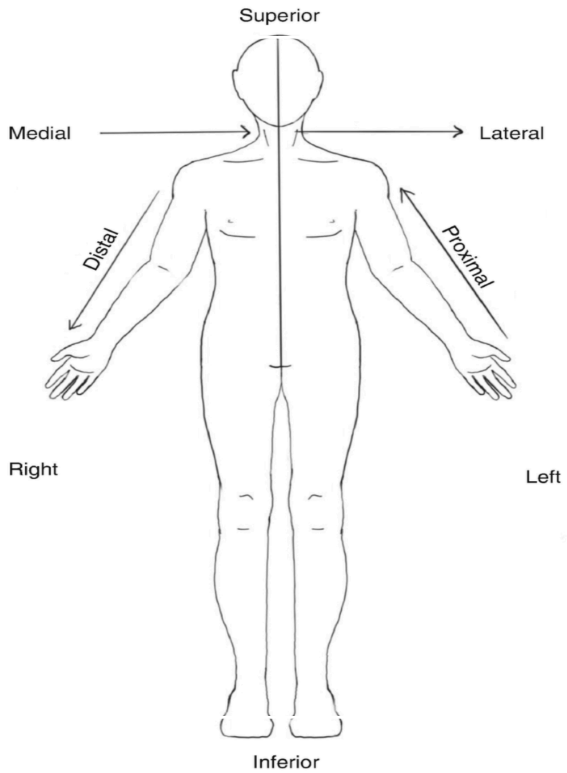
Injuries: _____

Medications: _____

Check All That Apply:

☐ Pregnant	☐ High Blood Pressure	☐ Rheumatoid Arthritis	☐ Dislocated Joint	☐ Fractures
☐ Surgery	☐ Heart Condition	☐ Osteoporosis	☐ Herniated Disc	☐ Stenosis
☐ Cancer	☐ Recent Accident	☐ Sciatic Pain	☐ Rotator Cuff Injury	☐ Headaches
☐ Lower Back Pain	☐ Shoulder Pain / Shoulder Tension	☐ Neck Pain / Neck Tension	☐ Other:_____	

Please Circle The Areas of Concern:



_____

_____

_____

_____

_____

_____

PILATES ONE RELEASE & WAIVER

In consideration of my participation in Pilates One workouts/classes/sessions (hereinafter “Activities”), as well as my use of the facility, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby acknowledge, agree and represent as follows:

1. I am in good health and have no disability, impairment, medical condition, illness or health related issue which may prevent me from engaging in exercise and/or Activities or using the facility or which poses a health risk to other users of the facility. I assume full responsibility for my medical condition as it relates to my engaging in exercise and/or Activities and use of the facility. I have consulted with a physician and have not been instructed by such physician to refrain from using the facility or not to participate in any activities of the type available in the facility.

2. I understand that my use of the facility involves risk. I hereby knowingly and freely assume all risk and responsibility for participation in Pilates One Activities including any and all damage to property or bodily and/or personal injury, including death, in connection with my use of the facility.

4. Pilates One shall not be liable for any injuries or any damage to any member or guest or be subject to any claim, demand, injury, or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of Pilates One, its officers, employees, or agents. I hereby forever release and discharge Pilates One from all such claims, demands, injuries, damages, actions or causes of action. I acknowledge that I have carefully read this paragraph and fully understand that this is a waiver and release of liability.

5. I agree to indemnify and hold harmless Pilates One and any Pilates One Party from and against any loss, damage, claim, suit, liability, demand, cost and/or expense, paid or incurred by Pilates One or any Pilates One Party, or asserted against any of them (including attorney's fees, court costs and disbursements) caused in whole or in part, by, or arising directly or indirectly out of my use of the facility and/or my breach of Pilate One’s Release and Waiver.

6. Pilates One has advised me not to bring valuable personal property into the facility. I assume full responsibility for any loss of or damage to my personal property which may occur at the facility. Pilates One shall not be liable for the loss, theft, or damage of any personal property located anywhere in the facility.

7. I have neither requested nor received any express representations or warranties as to the use of the facility and Pilates One has not made and does not make any actual or implied representations or warranties regarding the condition or appropriate use of the facility.

8. This Release and Waiver covers any and all liability, claims and actions caused entirely, or in part, by any and all acts or failures to act on my part, including but not limited to, negligence or mistake. This Release and Waiver shall also bind my assigns, heirs, executors, administrators, distributes, guardians and next of kin.

9. This Release and Waiver shall be governed by, construed and enforced in accordance with, the laws of the State of Florida, without giving effect to conflict of law principles. Venue bar any action or proceeding arising out of this Release and/or my use of the facility shall lie in Miami-Dade County, FL to the exclusion of all others.

10. I am aware that if I do not cancel my training appointment 12-hours prior to the hour scheduled, I am responsible for the loss of session and/or additional charge as it applies to my membership package.

Signature : _____ Date : _____