

absolute

PILATES

committed to the core

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Mobile Provider _____

Email _____

Would you like to receive studio news emails and offerings? Yes ____ No ____

Date of Birth _____ How did you find out about us? _____

EMERGENCY CONTACT _____ PHONE _____

Please complete the following health screen so that we are best able to develop a safe and effective program of exercise. Check any of the following that are applicable to your past or current medical history:

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dizziness or sensitivity to changes in position |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Surgeries _____ |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Joint or bone problems/injuries _____ |
| <input type="checkbox"/> Other | |

List any medications that you currently use, as well as any known side effects (particularly those that may affect you during exercise or exertion).

Are there any areas of movement (strength, flexibility, etc.) that you specifically want us to address?

* We have a 24-hour cancellation policy. You will be charged for your session unless you call to cancel at least 24 hours in advance.

Absolute Pilates Visitor Agreement (Including Assumption of Risks and Agreements of Release)

In consideration of the use of the premises, facilities and services of the Pilates studio of Absolute Pilates, LLC, I, an adult (eighteen years of age or older) visitor, understand, acknowledge and agree as follows:

Activities and Risks: I understand that the activities offered by Absolute Pilates Studio (“the studio”) include the following: independent and group exercising, including, but not limited to, the use of exercise equipment, a variety of associated individual and group classes, and otherwise moving about the studio and its outside perimeter (all, the “activities”).

I understand that activities of the gym require moderate to heavy exertion and I represent that I have no mental or physical condition that might create risks to me, or to others. I understand that visitors will be exposed to risks including, among others, the following: (1) slips, falls or collisions while using the facilities, floors, entrances and exits, and any other facilities or equipment; (2) failure of equipment, including but not limited to worn or defective safety equipment; (3) my physical strength, coordination, sense of balance or ability to follow directions while participating in an activity.

Assumption of Risks: I understand that the risks described above, and others, inherent or not, may result in all manner of trauma including breaks, sprains, abrasions, muscle pulls and strains, heart attack, and other serious injury. I acknowledge and assume any/all such risks, inherent and otherwise and whether or not described above.

Release and Indemnity: I, to the maximum extent allowed by law, agree to release and not sue, and to defend and indemnify Absolute Pilates, its owners, officers, employees, independent contractors, and visiting or guest instructors (“Releases Parties”) with respect to any claim related in any way to my visit to the studio or participation in an activity of the studio and the use of its facilities or services. These agreements of release and indemnity include loss or damage caused or claimed to be caused in whole or in part by any negligence, but not the intentional wrongs or the gross negligence, of a Released Party.

Photo Release: I hereby give my permission and consent to the taking of photographs, videotapes, and other images of me without compensation.

The terms of this agreement and any dispute between a Released Party and a visitor, related to this agreement or otherwise, will be governed by the substantive laws (not including laws which might apply the laws of another jurisdiction) of the State of Wisconsin. Any suit or mediation of the dispute will take place solely in Waukesha County, Wisconsin. I consent to the jurisdiction of such courts.

This document is intended to be binding, to the fullest extent of the law, on all persons signing below and their respective successors, heirs, executors, administrators and family members. It may not be altered. If any part of this document is deemed by a court of competent jurisdiction to be unenforceable the remainder shall nevertheless be in full force and effect.

This agreement will govern visits to the premises of the studio on the date of which it was signed and thereafter until it is withdrawn by written notice to the studio or replaced.

The terms of this agreement are subject to good faith bargaining for modification, which may include an enlargement of the fee or other financial obligations of the visitor or Parent.

Name (Please Print)

Signature

Date