

CLIENT INTAKE FORM (CONFIDENTIAL)

Name & Pronouns:

Address:

City:

State:

Zip code:

Phone: [cell]

[home]

[work]

Email address:

Preferred Contact Method:

Date of Birth:

Occupation:

How did you hear about us?

Are you currently under any restrictions prescribed by a doctor?

If yes, please describe your restrictions:

Describe any serious injuries or past surgeries?

Describe any pain you are experiencing:

List any medications you are currently taking:

List any physical activities you do regularly:

Have you ever done Pilates before? If so, when, and where?

What are your goals for our time together?

Emergency Contact Information:

Name & Pronouns:

Phone:

Relation:

RELEASE OF LIABILITY

I am aware that Pilates is a form of exercise and may result in accident or injury. I hereby assume all risk of personal injury, death and/or damage to personal property that may arise from services and/or products provided by Madison Park Pilates or its instructors.

I agree to immediately let my instructor know if an exercise is uncomfortable or is causing pain. I also agree to follow all instructions and warnings my instructor provides. I understand that exercising with Pilates equipment has risks of injury – I accept those risks and hold my instructor and Madison Park Pilates harmless for all injuries, including those resulting from Pilates equipment. This Release of Liability applies to all heirs, assigns, next of kin and personal representatives.

I understand Pilates exercise carries some risk of sprains, strains, dizziness, difficulty breathing and heart strain. I hereby accept these risks and, to the best of my knowledge, affirm I have no physical condition, disability or medical condition that would affect or limit my participation in Pilates exercise. I acknowledge that Madison Park Pilates strongly recommends obtaining a physician's approval prior to performing any Pilates exercise.

24-HOUR CANCELLATION POLICY

I agree to provide at least 24 hours notice for cancellation of appointments and classes – preferably by email to madisonparkpilates@gmail.com, or by texting 206.245.4534. If I fail to provide 24 hours notice, I agree to pay in full for the missed session or class. Exceptions to the 24-hour cancellation policy are at the discretion of Madison Park Pilates.

Date:

Printed name & pronouns:

Participant or Guardian (for minor) Signature:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES**INCLUDING COVID-19**

ASSUMPTIONS OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Madison Park Pilates and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While local bylaws and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participating as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Madison Park Pilates their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION FOR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND WITHOUT ANY INDUCEMENT.

Name & Pronouns of participant:

Participant or Guardian (for minor) signature:

Date signed:

FOR PARTICIPANTS OF MINORITY AGE

(UNDER 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibilities for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name & Pronouns of Minor:

Name & Pronouns of parent/guardian:

Parent/guardian signature:

Date signed:
