



### NEW CLIENT REGISTRATION

Before you begin participating in Pilates sessions at Your Pilates Lifestyle, we need to know a little about you. Please fill out the information below before your first visit. Required items are marked with an asterisk. We're also interested in how you found us, your preferences, and any other pertinent information you'd like to share that can help us create an optimum program for your practice.

\*Date \_\_\_\_\_  
*mm/dd/yyyy*

\*Name \_\_\_\_\_ | \_\_\_\_\_  
*First Last*

\*Address \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Street City State Zip*

\*Telephone \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*(preferred) Home Office Cell*

\*Emergency Contact \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Name Relationship Telephone*

E-Mail \_\_\_\_\_ Birthday \_\_\_\_\_  
*mm/dd/yyyy*

\*Please include any present or past injuries, surgeries or conditions that may be affected by your workout, especially any issues you may be experiencing with your lower back and/or spine. (Enter "none" if you're not currently having any problems.)

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We'd also like to know who to thank if you were referred, along with any other comments you'd like to include that would help us serve our clients more efficiently.

Name \_\_\_\_\_ | \_\_\_\_\_  
*First Last*

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Have you practiced Pilates before? If so, with whom and for how long?

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Do you have any specific Pilates goals you'd like to target? (ie. balance, posture, toning, spinal health, flexibility, de-stress, etc.)

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Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

In consideration of and as inducement to you enrolling me as a student of Your Pilates Lifestyle LLC, 6400 Seminole Boulevard, Suite 3, Seminole, FL 33772, I represent and agree as follows:

I am presently in good health. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to practice Pilates.

I understand and acknowledge that I am to receive instruction in Pilates exercises only, and I will not hold Your Pilates Lifestyle, LLC, its partners or instructors, to any higher standard of care than that applicable to the Pilates Method.

I hereby release, waive, discharge and covenant not to sue Your Pilates Lifestyle, LLC, its owners, its instructors, its agents and employees (all for the purposes herein referred to as "Releasees"), from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claims or demands therefor on account of injury to the person or property or resulting in death or injury of the undersigned whether caused by the negligence of the Releasees or otherwise while I am in or upon the premises used by Releasees.

I hereby assume full responsibility for and risk of bodily injury, death or property damage that may be due to the negligence of Releasees or otherwise while I am in or upon the premises and/or while practicing Pilates exercises or other activities, programs or education offered by Releasees.

I expressly agree to indemnify and hold harmless Releasees for any attorney's fees, court costs (not limited to taxable), and any other expense that may be incurred by Releasees arising out of the necessity of defending any law suit instituted by virtue of injuries, death or property damage suffered by me, or injuries, death or property damage caused by me.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that, if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily signed this form, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. This release contains the entire Agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

The tuition paid herewith and such registration fees paid hereafter are nonrefundable and nontransferable.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE, KNOW THE CONTENTS THEREOF, FULLY AGREE WITH IT, UNDERSTAND IT, AND ACKNOWLEDGE THAT I AM SIGNING THE SAME AS MY OWN FREE ACT. I HAVE READ AND AGREED TO THE REFUND POLICY BELOW.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*(We'll need your signature on your first visit.)*

Class Refund/Cancellation Policy:

All sessions require 12 hours advance notice of cancellation.  
Failure to give appropriate notice will result in charges for the full amount of your session.  
All sales are final. No refunds.