



**Group Classes | Client Registration**

Please complete this form thoroughly so we can help you get fit for life.

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (Print Please): \_\_\_\_\_

Phone: (Indicate Home/Work/Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever done Pilates or yoga (circle one)? Y N How long? \_\_\_\_\_

Are you Pregnant? Y N How far along? \_\_\_\_\_

How often do you exercise?

Is there anything special we should know about your goals?

*Do you currently have or do you have a history of the following? Please explain.*

Lower Back Issues			Foot/Ankle Issue	
Upper Back Issues			Shoulder / Wrist Issues	
Neck Problems			Headaches	
High/Low Blood Pressure			Vertigo/Dizziness	
Scoliosis			Diabetes	
Sciatica / Nerve Damage			Spinal/Disc Issues	
Seizures			Heart Circulation Issues	
Hip/ Knee Issues			Joint Replacement	
Osteoporosis / Osteopenia			Arthritis / Fibromyalgia	
Surgery / Hernia			Other Issues	

*Please continue to next page*

## Waiver of Liability, and Informed Consent

Please read and initial each statement below to indicate your understanding and agreement, then sign and date at bottom of page.

1. \_\_\_\_\_ The risk of injury from activities in this program is significant, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; including the potential for permanent paralysis and death.
2. \_\_\_\_\_ I am aware that it is my responsibility to inform my instructor of any pre-existing conditions before participating in any Studio Blue activities. I further understand that Studio Blue holds no liability regarding such pre-existing conditions.
3. \_\_\_\_\_ I agree to inform my instructor of any new injuries or conditions (including pregnancy) and I agree I am freely participating in Studio Blue activities with these known conditions I assume full responsibility for my participation. I assume all risk and understand it is my responsibility to consult a doctor about participating in these activities.
4. \_\_\_\_\_ I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation.
5. \_\_\_\_\_ I agree to comply with Studio Blue's conditions of participation, and abide by Studio Blue policies, including health and safety policies. While participating in Studio Blue activities, I agree to report any hazard, safety issue, and will act to avoid injuring myself, or others, in case said hazard occurs.

## Studio Policies

1. \_\_\_\_\_ I understand there is a 24-hour cancellation policy for private sessions, duets and Reformer classes, and that I will be charged in full if I fail to provide appropriate notice.
2. \_\_\_\_\_ I understand that if I reserve space in any mat class and "no show" then I will be charged a \$10 drop in fee.
3. \_\_\_\_\_ All session and class packages expire 90 days from the purchase date.
4. \_\_\_\_\_ No refunds, only exchanges and studio credit.

I have read this release of liability and assumption of risk agreement and fully understand that I assume all risk for undertaking Studio Blue activities. I understand I have given up substantial rights by signing and agreeing to these terms. I attest that I am signing this agreement freely and voluntarily, without any inducement.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_