

New Client Profile and Release

Date: _____ How did you hear about us? _____

Name: _____ DOB _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Any Injuries or concerns: _____

Current Exercise Routine: _____

Past Pilates Experience: Yes No If yes, Where? _____

Studio Release

I hereby certify that I have consulted a physician, that I am in sound physical condition and able to participate in a rigorous physical exercise program. I hereby certify that the PILATES exercise program has been fully explained to me and that I wish to participate in the PILATES exercise program.

In consideration of the acceptance of my application for entry into the PILATES exercise program, I hereby voluntarily release, waive and discharge any and all claims, demands or causes of action for damages for death, personal injury or property damage which I may have or which may subsequently occur to me, as a result of my participation in this program. This release is intended to discharge in advance CORE CHICAGO, INC. (and its respective agents, officers, servants and employees) from and against any and all liability arising out of or connected in any way with my participation in this exercise program, wherever or however any such injury, death or property damage may occur and for whatever period during such activity or instruction may occur.

Knowing the risks of exercising nonetheless, and that participants in exercise programs occasionally sustain personal injuries as a consequence thereof, I hereby agree to assume these risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages.

I acknowledge that I have read this Release and have been fully and completely advised of these potential dangers to engaging in the PILATES exercise program and I am fully aware of the legal consequences of signing this Release.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, executors, administrators and assigns.

SIGNED BY: _____ DATE: _____

STUDIO POLICIES

- All group classes (excluding reformer) can be deducted out of the same package
- Packages expire 12 months from the date of purchase
- We **DO NOT** offer refunds or exchanges on packages
- **24-hour notice is required for a cancellation** of any appointment or class reservation otherwise you will be charged for the cancellation. No shows or late cancellations will be deducted from your package or billed to the credit card on file

SIGNED BY: _____ DATE: _____