



# CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

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

Personal Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Referred by \_\_\_\_\_

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

Prior / Current Exercise \_\_\_\_\_

\_\_\_\_\_

**Medical History**  
(breaks/aches/pains/strains/accidents or special medications. Please be complete. Attach additional pages if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Appointment (be specific): \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TRAINING AGREEMENT

I \_\_\_\_\_ (student) have enrolled to participate in a fitness and wellness program that will include Pilates training and may also include cardiovascular and other physical activities. These programs will be taught by teachers and staff associated with Precision Pilates, Inc.

I acknowledge that these trainings are designed to provide training for my physical balance and well-being. At times the programs may involve strenuous physical exertion. I agree that I have either consulted my physician, other health care provider or made my own determination that I am capable of participating in these programs. I have informed my teacher of this, and have not otherwise relied on her/his opinion of my fitness or qualification for these programs and activities.

I acknowledge that my participation in these programs may cause me to experience a degree of physical change and from time to time pain and/or discomfort. If these occur I agree to promptly report the sensations to my teacher and I agree that she/he may rely on me to promptly and accurately report these occurrences to her/him.

I agree to participate in the programs, which may consist of:

- **PRIVATE SESSIONS:** First five sessions for new clients are \$85.00 per session. Subsequent private sessions with Amber or Alexis are \$85.00 per session (or 10 sessions for \$750.00) and \$75.00 per session with other teachers (or 10 sessions for \$650.00).
- **SEMI-PRIVATE SESSIONS (2 people):** \$47.50 per client, per session (or 10 sessions for \$850.00).
- **EQUIPMENT CLASSES:** \$30.00 per client, per class for seasonal session. Drop in\* \$35.00.
- **MAT CLASSES:** \$12.00 per client, per class. Drop in\* \$15.00.

All fees paid are non-refundable but are transferable. Mat and Equipment classes are sold in packages. \*Drop in rates apply to single usages. Taxes may apply.

I further agree that as part consideration of my promise to participate in these programs I agree to attend all sessions, and that I will be on time and prepared for each session. Sessions will begin and end on time. I agree that if I fail to timely appear for any session, class or appointment I schedule or request I will nonetheless be charged the full fee. Although I may, for reasons of emergency or illness cancel a session without financial penalty, but only if I provide notice of such occurrence 24 hours in advance and only if she/he agrees that such event is in fact an emergency.

By entering into this agreement I acknowledge that these programs involve progressively strenuous physical exertion. I acknowledge that there are inherent risks to me in following and performing these programs. I specifically agree to release, discharge and hold harmless Amber Butler, Precision Pilates, Inc. its teachers, agents and assigns from any and all liability known or unknown to me and arising out of my participation in the programs and activities performed under this agreement. My release shall extend to and includes all ordinary negligence if such shall occur. This is the entire agreement between Precision Pilates, Inc, its owner, staff and I. No other agreement exists and this may be changed only if the change is in writing and is signed by both of us.

Precision Pilates, Inc.	Student
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Dated this	day of
	20
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