



# CLIENT INFORMATION

Client Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Address – City & ZIP: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Occupation: \_\_\_\_\_

How did you come to know about d-Pilates? \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date (M/D/YR): \_\_\_\_\_ Gender M – F

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship : \_\_\_\_\_ Email: \_\_\_\_\_

Goal – Objective: \_\_\_\_\_

What Sports Do You Play? \_\_\_\_\_

Do You Have Any Medical Condition That May Be Affected By Exercise? Y – N

(Please Explain – i.e. Pregnancy + Due Date) \_\_\_\_\_

What Other Factor(s) May Affect Your Ability To Engage In An Exercise Program?

SUGGESTED PROGRAM: \_\_\_\_\_ Assigned Trainer: \_\_\_\_\_

### Suggested Program Duration:

- |   |  |
|---|--|
| <input type="checkbox"/> Once per Week – 3 Weeks  | <input type="checkbox"/> Twice per Week – 3 Weeks  |
| <input type="checkbox"/> Once per Week – 6 Weeks  | <input type="checkbox"/> Twice per Week – 6 Weeks  |
| <input type="checkbox"/> Once per Week – 9 Weeks  | <input type="checkbox"/> Twice per Week – 10 Weeks |
| <input type="checkbox"/> Once per Week – 12 Weeks | <input type="checkbox"/> Three per Week – 3 Weeks  |
|   | <input type="checkbox"/> Three per Week – 6 Weeks  |

Re-Evaluation Date: \_\_\_\_\_

Many health conditions affect various aspects of Pilates health development and training. Please complete the following d-Pilates Health Questionnaire and discuss any pertinent health issues with you trainer.

Please rate your overall health condition: Excellent \_\_\_\_ – Good \_\_\_\_ – Fair \_\_\_\_ – Poor \_\_\_\_.

Do You smoke? Yes \_\_\_\_ – A Little \_\_\_\_ – No \_\_\_\_ – In process of Quitting \_\_\_\_.



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## HEALTH HISTORY QUESTIONNAIRE

Y – N	<b>Arthritis</b>	Y – N	<b>Fibromyalgia</b>
Y – N	<b>Breathing / Respiratory problems</b>	Y – N	<b>Loss of Balance</b>
Y – N	<b>Dizziness or Fainting</b>	Y – N	<b>Fatigue</b>
Y – N	<b>Headaches</b>	Y – N	<b>Disruptive sleep or insomnia</b>
Y – N	<b>Chest pains</b>	Y – N	<b>Scoliosis</b>
Y – N	<b>Diabetes</b>	Y – N	<b>Muscular tension (shoulders)</b>
Y – N	<b>Glaucoma</b>	Y – N	<b>Muscular tension (upper back)</b>
Y – N	<b>High blood pressure</b>	Y – N	<b>Overweight</b>
Y – N	<b>Hypoglycemia</b>	Y – N	<b>Increased anxiety or stress</b>
Y – N		Y – N	

Y – N	<b>Respiratory Problems?</b> (Describe) -	
Y – N	<b>Circulatory Problems</b> (Describe) -	
Y – N	<b>Heart Condition</b> (Describe) -	
Y – N	<b>Previous Surgery</b> (Describe – incl. C-sections) -	
Y – N	<b>Previous or Current Cancer</b> (Describe) -	
Y – N	<b>Immune System Disorder</b> (Describe) -	
Y – N	<b>Epilepsy or Seizures</b> (Describe) -	
Y – N	<b>Back pain</b> (specify type & location) -	
Y – N	<b>Hip pain</b> (specify type & location) -	
Y – N	<b>Neck pain</b> (specify type & location) -	
Y – N	<b>Shoulder pain</b> (specify type & location) -	
Y – N	<b>Wrist pain</b> (specify type & location) -	
Y – N	<b>Elbow pain</b> (specify type & location) -	
Y – N	<b>Knee pain</b> (specify type & location) -	
Y – N	<b>Ankle pain</b> (specify type & location) -	
Y – N	<b>Foot pain</b> (specify type) -	



# CLIENT PAYMENT AUTHORIZATION

**Client Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Hm Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Payment Amount:** \$ \_\_\_\_\_  **One Time**  **Cash**  **Check**

**Monthly (ahead)**

I acknowledge that I have received a copy and agree with the *d-Pilates* policies concerning:

- Waiver of Liability, Indemnity Agreement,
- Session Cancellation, and
- Client Payment Authorization, and

**Client Signature:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**Begin Payments On:** \_\_\_\_\_ **End Payments On:** \_\_\_\_\_

**Card Type:**  AMEX  Discover  Master Card  VISA  
 Credit  Debit Code: \_\_\_\_\_

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Address on Cardholder Statement :**

\_\_\_\_\_  
**City:** \_\_\_\_\_ **TX Zip code** \_\_\_\_\_ - \_\_\_\_\_

I further authorize d-Pilates to automatically charge each session fee per the *d-Pilates* billing Policies. Should I request and obtain additional services from *d-Pilates*, I authorize the charges associated with those services to be submitted for payment via my Card noted above.

**Client Signature:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_



## WAIVER OF LIABILITY, INDEMNITY AGREEMENT

This AGREEMENT is between \_\_\_\_\_ (print name) whose address is: \_\_\_\_\_ (hereinafter referred to as "Client") and *d Pilates, LLC* whose principle business location is 7008 Bishop Road, Suite 1101, Plano, Texas, 75024 (hereinafter referred to as "*d Pilates*").

### 1. Statement of Awareness:

Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. *d Pilates* has facilities for and provides services for activities such as weight lifting, walking, jogging and running, aerobic activities, and athletic activities. Some of these activities involve strenuous exertions of strength using various muscle groups, some activities involve quick movements involving speed and change of direction, and other activities involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risk of injuries range from (1) minor injuries such as scratches, bruises and sprains to (2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death.

### 2. Assumption of Risk:

- a. Client understands that medical clearance is recommended before beginning any exercise program and that consultation with my physician to gain clearance to begin a fitness program is Client's responsibility and highly recommended by *d Pilates*.
- b. Client has read the Statement of Awareness and acknowledges the nature of the activities at *d Pilates* and Client understands the demands of those activities relative to Client's physical condition and skill level, and Client fully appreciates the types of injuries, which may occur as a result of activities made possible by *d Pilates*. Client hereby asserts that Client's participation is voluntary and that Client knowingly assumes all such health and injury risks.

### 3. Waiver of Liability:

In consideration of permission to use, today and on all future dates the property, facilities, and services of *d Pilates*, Client on behalf of Client, Client's heirs, personal representatives, or assigns, do hereby release, waive, discharge *d Pilates*, *d Pilates* directors, officers, employees, volunteers, interns, independent contractors, and agents from all liability, and covenant not to sue, from any and all claims arising from the ordinary negligence of *d Pilates* or any of the aforementioned parties. This agreement applies to (1) personal injury (including death) from accidents or illnesses arising from



the participation in *d Pilates* activities including, but not limited to, organized activities, group classes, observation, and individual use of facilities, premises, or equipment; and to (2) any and all claims resulting from the damage to, loss of, or theft of property.

**4. Indemnification and Hold Harmless:**

Client agrees to HOLD HARMLESS AND INDEMNIFY *d Pilates* from all claims resulting from negligence and to reimburse any expenses incurred by *d Pilates* in investigating and defending a claim or suit if Client's claim is withdrawn, or to the extent a court or arbitration determines that *d Pilates* is not responsible for the injury or loss.

**5. Severability and Venue:**

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, both parties agree that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, Client agrees that if legal action is brought, the action must be brought in the State of Texas.

**6. Acknowledgement of Understanding:**

Client has read this waiver of liability and indemnification agreement and fully understands and acknowledges its terms. Client understands that Client is voluntarily giving up substantial rights, including my right to sue. Client acknowledges that Client is signing the agreement freely and voluntarily, and intends Client signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas.

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Signature of Client	Date
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Witness – Signature	Date
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