



# REGISTRATION AND WAIVER OF LIABILITY

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Personal information:

Name:

Address:

Phone numbers:

Emergency contact Name:

Phone:

Email:

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Scheduling information:

Do you work full time?

When are you available for sessions?

What is your ideal time?

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Physical information:

What made you choose pilates?

What are your goals in taking pilates?

How would you describe your previous workout routine?

Do you have any injuries or chronic pain? Explain.

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## **Waiver of Liability**

I, the undersigned, understand that participation in a course of physical exercise may result in accidental injury or illness. I state that I am physically fit to engage in such an exercise course and that I have consulted with my personal physician if there is any doubt as to the appropriateness of my participation. I agree to hold harmless from any liability Pilates Unlimited, The Lakewood Gym, and their respective instructors, for injuries or illnesses related to this exercise course.

## **Personal Training: 24-hr Cancellation Policy**

Kindly provide 24 hrs notice of cancellation to avoid full charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_