

Pilates Northwest, LLP
12337 – 30th Avenue N.E., Suite S2
Seattle, WA 98125

www.pilatesnorthwest.com
info@pilatesnorthwest.com
206.368.6904

Name: _____
Address: _____
_____ Zip _____
Phone: _____ cell phone
_____ other (_____)

Appointment reminders: Text preferred
 Email preferred
 No reminder preferred

Email: _____

At which number(s) shall we contact you, if needed? _____

Date of Birth: _____
Today's Date: _____

How did you find Pilates Northwest? _____

Occupation: _____

Hobbies: _____

Emergency contact: _____

Phone number(s): _____

Relationship: _____

HEALTH HISTORY

Are you currently receiving medical treatment (include AMA, naturopathic, chiropractic)? If so, please indicate type and practitioner's name.

Condition(s) for which you are receiving treatment:

Do you currently have or have you ever had any of the following conditions?

Please explain any items checked below:

- Arthritis (osteo/rheumatoid) _____
- Osteoporosis _____
- High/Low Blood Pressure (circle one) _____
- Allergies/asthma/environmental _____
- Structural/spinal/mechanical _____
- Neurological _____
- Heart condition/cardiovascular disease _____
- Diabetes _____
- Cancer _____
- Other, please list: _____

Please list accidents and injuries (include head injuries). Please include approximate dates and brief description.

Please list chronic injuries and/or pain and any pertinent information:

Please list current medications and conditions for which you are being treated. Include herbs, vitamins and supplements.

Please list major illnesses, conditions and dates, if any.

WOMEN: Are you pregnant? _____ If so, due date? _____

Doctor's permission to participate in prenatal Pilates? _____

Please list structural, functional or movement difficulties, if any.

Please list past surgeries, conditions and dates, if any.

Please list additional pertinent medical or other information, if any:

EXERCISE / MOVEMENT HISTORY

Please list your experience with exercise and fitness, if any:

Do you exercise now? If so, please explain:

Have you had any bodywork such as massage, acupuncture, Rolfing? What type? When? How long ago?

Please describe your familiarity with Pilates, if any:

Please describe what you would like to experience or accomplish during your Pilates sessions, if known:

Pilates Northwest, LLP CANCELLATION POLICY

We are not able to accept cancels via email. Please contact your instructor directly or call Pilates Northwest at 206.368.6904. Please give 24 hours' notice to avoid a full session fee late cancellation charge.

Private Sessions, Duets and Supervised Practice Sessions

Pilates Northwest, LLP and staff of employees requires 24 hours advance notice for cancellations of private sessions, duets and supervised practice sessions. For cancellations with less than 24 hours notice, a full session fee is charged. Occasional illness and emergencies are not subject to this policy. The instructor reserves the option to teach, reschedule or cancel a duet or supervised practice session in the event all session participants, except one, have given 24 or more hours of notice and have cancelled for that day. The instructor agrees to contact the remaining student at least 24 hours in advance to discuss said options.

6-week Reformer Classes

6-week group reformer classes are formatted as a group commitment to share an instructor. Students pay for the 6-week series in advance, sign off on all dates they will attend, and then prepay only for those sessions they commit to attending during the series. Absences are charged a full class fee during the 6-week session if the client is previously scheduled and signed off to attend the group class. Emergencies and occasional illness will not be charged and a session fee will be credited toward future classes.

Cancellation Policy Acknowledgement	
Name	
Date	

Pilates Northwest, LLP hires highly skilled, experienced Pilates instructors. These individuals are employees of Pilates Northwest, LLP.

All sales are final and not refundable. We will, however, transfer them to a friend if you are unable to continue. There is a \$35 fee for all overdrafts/returned checks.

WAIVER AND RELEASE OF LIABILITY

Waiver and Release: You (client of Pilates Northwest, LLP and staff of employees) agree if you engage in any physical exercise, Pilates, or use any part of the premises, you do so at your own risk. This includes, without limitation, your use of the locker area, parking area, sidewalk, any equipment in the studio and your participation in any activity, private lesson, class program or instruction in Pilates. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, damage or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property. You agree on behalf of yourself and your personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Pilates Northwest, LLP and our affiliates, employees, staff agents, representatives, successors and assigns from any and all claims. This waiver and release of liability includes, without limitation, injuries which may occur as a result of your use of any equipment or facilities which may malfunction or break or slipping and falling while in Pilates Northwest, LLP or on the premises, sidewalks, stairs or areas around the premises. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against Pilates Northwest, LLP, its affiliates, employees, owners, agents, representatives, successors and assigns for negligence.

Pilates Northwest, LLP performs regular equipment safety and maintenance checks to insure the highest level of equipment performance and safety possible and employs highly educated, certified, experienced, Pilates instructors.

Signature: _____ Date: _____

Print Name: _____ D.O.B. _____

Address: _____

City, State, Zip: _____ Phone Number: _____