



Name _____ Today's date _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Email _____ Occupation _____

Age _____ Birthdate _____ Height _____ Weight _____

Name and Phone of Emergency Contact _____

Name and Phone of Physician _____

List current exercise and activities _____

What are your fitness or exercise goals? _____

How many times per week do you exercise? _____

Have you done Pilates before? Mat/Equipment (please specify) _____

How did you hear about us? _____

Do you now or have you previously had any injuries? Yes / No If yes, please specify:

Has a physician ever restricted your physical activity? Yes / No Why? _____

Please describe your present physical condition _____

List any health concerns by area, indicating left or right side as applicable.

___ Head ___ Arm/Hand ___ Lower Back ___ Hip/Pelvis

___ Neck ___ Upper Back ___ Ribs ___ Knee

___ Shoulder ___ Middle Back ___ Abdomen ___ Ankle/Foot

Indicate any significant medical treatments and/or conditions (i.e. pregnancy, surgeries, high blood pressure, etc.) Please describe:



Waiver of Liability and Informed Consent Release

I have enrolled in a program of instruction in the Pilates method of physical conditioning offered by Grasshopper Pilates of Marin, LLC. I have been advised and I understand that participation in the Pilates method of physical conditioning, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that I may experience changes as a result of my participation in the Pilates method of physical conditioning, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc. I accept full responsibility and liability of all abovementioned risks, possible injury, and/or changes.

Should there be any change in my condition or medication, I shall inform the instructor accordingly prior to class. I understand that if I have not participated in an exercise program for some time or have an underlying condition, I should consult my medical practitioner before I begin. I understand that exercise may cause injury and/or discomfort, and I fully accept this responsibility. I will inform the instructor and stop immediately should I feel dizziness, pain or any feeling that may suggest an exercise is causing me a problem.

If I have enrolled in a program of the Pilates method conditioning conducted by a Pilates method intern, I have been advised that the student intern conducting the program has not completed the full requirements for certification to teach the Pilates method, and that such intern has limited knowledge and experience with the Pilates method.

I, _____, hereby fully and forever release and agree not to hold Grasshopper Pilates of Marin, LLC and its premises or personnel responsible for any losses, damages, injuries, or liabilities of any kind. I expressly assume all risks of my participation in the programs of the Pilates method of conditioning conducted by Grasshopper Pilates of Marin, LLC and waive any claim which I might otherwise bring against Grasshopper Pilates of Marin, LLC, its owners, members, managers, employees, trainees and contractors. As a result of injuries from or relating to my participation in Pilates method conditioning programs.

I hereby certify that this information is correct and understand that it will remain confidential except for the exchange of necessary information between instructors who may teach me.

Signature _____ Date _____



Studio Policies:

Client agrees and takes sole responsibility for full payment and participation in any studio activities.

If a group class does not fill or your duet partner does not show prior to the commencement of class, the trainer has the option of offering a half (½) hour private session rather than a full class/session.

Unless otherwise noted, all packages are valid for six (6) months from date of purchase. Packages are non-transferable and non-refundable. After six (6) months, any unused classes shall terminate and expire.

If you do not provide a twenty-four (24) hour prior notice of cancellation, you will be charged for the session. Make-up sessions may be granted only at the sole discretion of Grasshopper Pilates of Marin. If you are running more than fifteen (15) minutes late, please call and let us know otherwise the session will be canceled and charged.

All apparatus classes require prior evaluation of fitness level. Client is solely responsible for attending the appropriate class level.

In the case of trainer/teacher illness or emergency, another Grasshopper Pilates of Marin trainer will be automatically substituted for the session and reasonable effort will be made to notify affected clients.

Grasshopper Pilates of Marin, LLC will not be responsible or liable for any article lost, stolen or damaged in or about the studio.

Use of cell phones and personal use of lotions/perfumes with strong fragrances is prohibited in the studio.

I hereby accept all abovementioned studio policies and hereby certify that I will abide by all such policies.

Signature _____ Date _____