



PURECORE
a pilates studio

Client Intake Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work/Cell: _____ Occupation: _____

Emergency Contact: _____

Relationship: _____

Phone: _____ Email: _____

Welcome! How were you referred to us: _____

Health History:

Are you currently under the care of any of the following professionals?

•Physician, Specialist, Chiropractor, Massage Therapist, Physical Therapist

Name (phone): _____

1. Do you have a heart condition? Y/N if yes what _____

2. Is your Doctor currently prescribing any medication for your blood pressure? Y/N

3. Do you have a Heart condition? Y/N

4. Have you been diagnosed with any of the following: (please check)

Osteoporosis

Fibromyalgia

Hypertension

Diabetes

OMS

Thyroid Disease

Cystic Fibrosis, or

High Cholesterol?

*If you answered yes to questions 2 - 4, please explain?



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Please describe any physical condition, disabilities, including joint/muscle problems, surgeries that should be considered before you undertake an exercise program: _____

Please circle all physical activities and sports in which you participate:

Basketball

Cross-fit/Boot-camp

Cycling

Dance

Golf

Hiking

Martial Arts

Pickle-ball

Running

Skiing

Softball

Swimming

Tennis

Walking

Weight Training

Yoga

Other (please describe): _____

Please describe any injuries, accidents, or surgeries you may have had including the date: _____

Have you had any abdominal surgeries? Please list with date: _____

What are your fitness goals?



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STUDIO PROTOCOLS & POLICIES

- All sessions/series must be paid for before you take a class.
- **Advance notice of absence is required to avoid late fees.** A cancellation notice window of **24 hours is required for all One-on-One sessions and Pilates Machine classes.** Cancellations outside of the 24 hour window will result in full session charge or visit count on membership. A **24 hour cancellation window applies to our Pilates Mat.** Notice outside of the window will result in full session charge or visit count on membership.
- If any duet or trio session takes place at the request of the client when one or more of the other clients have given sufficient early cancellation notice, the difference in price will be due at time of session. Sessions are 50-55 mins from appointment time, not arrival time. We will not go over into the next client's session. Please arrive on time.
- **All Group Classes start on time. Clients arriving more than 5 mins late may not be admitted into class for safety reasons and the courtesy of other students.**
- Insurance billing is not available, we do accept FSA credit/debit cards and can provide you a receipt.
- Studio has the right to assign a substitute teacher.
- No open studio policy, there will be no use of the machines or props without the supervision of an instructor.
- Clients are not allowed on the floor until instructor has directed you to your reformer .
- Please notify us of any health or medical changes.
- Appropriate attire must be worn. Examples: yoga pants, bike shorts, or sweats with undergarments.
- We require Sticky socks or bare feet to be in the studio .
- Instructor may move you to a class that is a more appropriate level at the their discretion.
- Group format not permitted for participants with significant injuries requiring specific rehabilitation, rather privates are required until injury has resolved or proficiency is achieved at the discretion of the trainer.
- **Please Do Not attend class if you are ill or contagious for the welfare of others.**
- In the event of Inclement weather please **call the studio 757.282.6443**, check our Facebook and Instagram pages, or sign into your mind body account for the most up to date cancellations. We try to stay open during all weather conditions but safety is our first priority. Please use your judgement and stay home if you feel the conditions are unsafe for you to travel to our studio. A late cancel due to weather will not be counted against your account. Please confirm with one of us before venturing to the studio.

I have carefully read, fully understand and agree to the above.

Print name _____ Date _____

Signature _____



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Waiver of Liability and Informed Consent Release

In consideration of being allowed to participate in activities and programs lead and conducted by employees or owners of PureCore Pilates, I do hereby waive, release, and forever discharge PureCore Pilates from any and all responsibility or liability from use of equipment or mat work in the above mentioned activities. I do also hereby release all of those mentioned from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or in any way arising out of or connected with the participation in any activities of exercise.

The undersigned acknowledges, appreciates, and agrees that:

1. I have volunteered to participate in this physical conditioning program. I understand and am aware that strength, endurance, and flexibility work, including the use of equipment, are potentially hazardous activities. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, 3. I knowingly and freely waive my right to any photos, videos, and images in likeness of myself, allowing PureCore Pilates to use for any commercial purposes; and,

4. To my knowledge, I do not have any limiting physical condition or disability, which would preclude such an exercise program. I also understand that a physician's examination is recommended prior to involvement in any new fitness program; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the PureCore Pilates, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Signature _____

Date _____

Print Name _____