



## Studio Policies

Please e-mail your forms to [kelly@pilatesboise.com](mailto:kelly@pilatesboise.com)

Welcome to Pilates Boise! If you have not had any experience with Pilates, below is a list of things you can expect.

- Your first session will consist of an evaluation of posture, movement patterns, and review of goals and health history. We will begin with some pre-Pilates and beginning level exercises. Allow some extra time for the first session.
- The Pilates method is designed to work from the inside out, so be patient. With your commitment and consistency, you *will* see and feel results. You will feel longer, stronger, more balanced, more confident, be able to move better in your body, and see a marked improvement in your activities.

Listed below are the basic Pilates principles to be aware of when you come to each session.

- Breathing
- Concentration
- Control
- Centering
- Precision
- Balanced Muscle Development
- Rhythm/Flow
- Whole Body Movement
- Relaxation

All sessions are by appointment only. Please book your sessions at [www.pilatesboise.com](http://www.pilatesboise.com) or e-mail us at [kelly@pilatesboise.com](mailto:kelly@pilatesboise.com).

Each session lasts 45-55 minutes. This time will be determined, depending on the routine designed for you for that day. Allow up to 90 minutes for the first session to accommodate for the evaluation.

Please be on time for your session. Due to scheduling of other clients your session time cannot be extended beyond the window of the reserved session time. If you show up late, your session time will end at the scheduled time. In order to honor the commitment each of us has made to your appointment, **we have a 24 hour cancellation policy. Notice of cancellation or rescheduling given less than 24 hours in advance will result in a full charge for that session.** *Initials* \_\_\_\_\_

Please **turn off your cell phone** prior to entering the studio unless you are waiting for an emergency call.

Pilates is done in bare feet or toesocks (grippy on the bottom), so come to the studio prepared to work without shoes. \*Do not wear clothing with zippers on them as it can ruin our upholstery\*

If you refer a client who signs up for 10 sessions, you will receive a complimentary session as our thank you. *Thank you for choosing Pilates Boise.*

*PilatesBoise*



## Client Information and Health History

Please complete this form to help us get to know you better. Be assured that all information is kept strictly confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle the appropriate response. If yes, please explain.

- |  |     |    |
|--|-----|----|
| 1. History of heart problems, chest pain or stroke? _____              | Yes | No |
| _____  |     |    |
| 2. Increased blood pressure? _____                                     | Yes | No |
| _____  |     |    |
| 3. Any chronic illness or condition? _____                             | Yes | No |
| _____  |     |    |
| 4. Osteopenia or Osteoporosis? _____                                   | Yes | No |
| _____  |     |    |
| 5. Difficulty with physical exercise? _____                            | Yes | No |
| _____  |     |    |
| 6. Advice from physician not to, or limit exercise? _____              | Yes | No |
| _____  |     |    |
| 7. Surgery (Hospital stay, or out-patient)?<br>In last 6 months? _____ | Yes | No |
| _____  |     |    |
| 8. Pregnancy (now or within last 3 months)? _____                      | Yes | No |
| _____  |     |    |
| 9. History of breathing or lung problems? _____                        | Yes | No |
| _____  |     |    |
| 10. Diabetes or thyroid condition? _____                               | Yes | No |
| _____  |     |    |
| 11. Glaucoma? _____  | Yes | No |
| _____  |     |    |
| 12. Cigarette smoking habit? _____                                     | Yes | No |
| _____  |     |    |
| 13. Increased blood cholesterol? _____                                 | Yes | No |
| _____  |     |    |
| 14. Immediate family history of heart conditions or disease? _____     | Yes | No |
| _____  |     |    |
| 15. Hernia, or any condition that may be aggravated by exercise? _____ | Yes | No |
| _____  |     |    |
| 16. Never exercised? _____   | Yes | No |

When was your last physical examination with a doctor? \_\_\_\_\_

Do you now or have you ever in the past experienced pain or an injury to any of the following? (Please circle)

Head    Neck    Shoulder    Arm/Hand    Upper Back    Middle Back    Lower Back    Ribs  
Abdomen    Hip/Pelvis    Knee    Ankle/Foot    Legs

Explain: \_\_\_\_\_

Have you ever had an exercise stress test? \_\_\_\_ When? \_\_\_\_\_

If yes, results? \_\_\_\_\_

Please list all medications you are taking. \_\_\_\_\_

\_\_\_\_\_

Describe the exercise/activities you are involved in. \_\_\_\_\_

\_\_\_\_\_

What specific health or fitness goals do you hope to achieve from this program? \_\_\_\_\_

\_\_\_\_\_

Do you have any pelvic floor concerns, ie; incontinence or prolapse?

\_\_\_\_\_

How did you find out about Pilates Boise? \_\_\_\_\_

A medical referral maybe required for any of the following conditions: heart condition, disease or problem, recent surgery, stroke, concussion, current medicine for heart, blood pressure, or diabetes, pain in abdomen, leg, arm, shoulder or chest, swollen joints, faintness or dizziness, breathless with slight exertion, over 65 years of age, high cholesterol, high blood pressure, or any other medical condition that might cause concern.

**Cancellation Policy:** I understand that if I cancel a scheduled appointment with less than **24 hours** notice I will be held responsible for payment in full. (Please Initial).

Sessions are 45-55 minutes in length. If you are sick and/or have a fever, please cancel your session.

Payment is due prior to or at the time of appointment.

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name:





**Release and Waiver**

This *Release, Waiver* and Hold Harmless Agreement is made by and between the undersigned (client) and *Pilates Boise*, and entered into on the day, month and year below.

*Pilates Boise* provides space for instruction in the Pilates method of exercise. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client. The training includes the use of equipment and exercises that may cause injury. Client desires to undertake *Pilates Boise* program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

The parties recognize that *Pilates Boise* will not be able to provide its program to client without the execution of the agreement.

Therefore, the client in consideration of the above and the exercise sessions and classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act of *Pilates Boise* instructors, staff, partners, owners, independent contractors or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in *Pilates Boise* exercise programs.

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I, \_\_\_\_\_, have enrolled in a program of physical activity including but not limited to the use of various Pilates equipment offered by *Pilates Boise*. I understand that participation in the Pilates method of exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, muscle/movement patterns, illness or medical disabilities.

I acknowledge that it is recommended that I have a yearly or more frequent physical examination and consultation with my physician regarding physical activity, exercise and use of exercise equipment. I have either 1) had a physical examination and been given my physician's permission to participate in *Pilates Boise* activities or; 2) I have decided to participate in these activities without the approval of my physician and assume responsibility for that participation.

I hereby affirm that I have and will keep *Pilates Boise* fully informed of any existing physical condition or disability which would prevent or limit my participation in an exercise or physical-conditioning program. I will also keep *Pilates Boise* informed of any physical condition or disability arising from my participation in the exercise program.

In consideration of my participation in *Pilates Boise* exercise program, I, my heirs and assigns, hereby release *Pilates Boise* (its independent contractors, employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in *Pilates Boise* exercise program and I hereby release *Pilates Boise* from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, injury however caused, or death occurring during or after my participation in the exercise program

I hereby affirm that I have read and fully understand the above, am over eighteen years of age, or am a legally emancipated minor.

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

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

INSTRUCTOR/WITNESS SIGNATURE: \_\_\_\_\_