

## Waiver of Liability and Informed Consent Release

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify Westport Pilates, LLC at least 24 hours in advance or I will be held responsible for payment in full.

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by Westport Pilates, LLC. I have been advised and I understand that participation in Pilates Method 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, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury, I recognize that many changes occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep Westport Pilates, LLC fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither Fairfield Pilates nor its employees are engaged in diagnosing or treating medial diseases or deficiencies.

I expressly assume all risks of my participation in the programs of Pilates Method conditioning conducted by Westport Pilates, LLC, its officers, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in Pilates Method conditioning programs.

Westport Pilates, LLC shall not be responsible or liable for any articles lost, stolen or damaged, in or about the studio.

I understand that mat and apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Signature (parent/guardian if under 18)

Date

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**Client Information Form**

Welcome to Westport Pilates. It is our mission to empower you to be in control of your own health and well being through the Pilates Method. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Thank you!

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

What specific fitness or health goals do you hope to achieve through the Pilates Method?

\_\_\_\_\_

List all previous and current activities.

\_\_\_\_\_

Describe current physical condition.

\_\_\_\_\_

Describe your physical history, including injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right or left.

Head _____	Arm/hand _____	Low back _____	Hip/Pelvis _____
Neck _____	Upper back _____	Ribs _____	Knee _____
Shoulder _____	Mid back _____	Abdomen _____	Ankle/foot _____

How did you find out about Westport Pilates? If applicable, include your referring doctor, chiropractor, physical therapist, massage therapist, etc.

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