**KHEYA**

**Pilates*CoreAlign*Manuel Movement Therapy**

Confidential

**CLIENT INFORMATION & RELEASE FORM**

(Please print legibly)

NAME: _____

Address: _____

_____

Phone: _____ Date of Birth: _____

Email: _____

Referred By: _____ Occupation: _____

GENERAL & MEDICAL INFORMATION:

| YES | NO | |
|---|---|---|
| _____ | _____ | Have you ever participated in a Pilates Session? Date: _____ |
| _____ | _____ | Does your physician know you are participating in an exercise program? |

Do you have or have you experienced in the past: (check all that apply)

_____ History of heart disease, chest pain, stroke

_____ High or Low Blood Pressure

_____ Recent hospitalization or surgery

_____ Chronic Illness or condition

_____ Diabetes or thyroid conditions

_____ History of breathing or lung problems

_____ Bone, joint or muscular problems

_____ Dizziness or fainting

_____ Pregnancy (now or within last 9 months)

_____ Numbness or stabbing pains anywhere?

_____ Emotional disorders/Depression

_____ Eating Disorders

_____ Obesity (>20% over ideal body weight)

_____ Smoking and/or Tobacco use

_____ Physical inactivity, difficulty with exercise

_____ Advise from a physician not to exercise

_____ Increase blood cholesterol

_____ Allergies: _____

_____ Recent injuries, bruising, swelling

_____ Vertebral Disc Injury

_____ Any other medical/physical condition I should be aware of? Heart condition, Osteoporosis, etc.

_____

_____

What treatments have you received for any conditions? Massage / Physical Therapy / Surgery
Acupuncture/ Chiropractic / Medication / Other

What are your expectations/goals for your body for:

**This Session** _____

**Long Term** _____

**Pilates Private Package of 10 Sessions Refund Policy**

I agree that there are no refunds or exchanges for Private sessions should I not be able to continue my Pilates practice. My unused Private session credits will be available up to one year of date purchase.

## Payment Policy

I, the undersigned, understand and agree to the payment policy. I acknowledge that payment for all care received is my responsibility. **Payment is due at time of service** unless other arrangements have been made in advance with the office manager. We accept cash, credit cards or checks. **I also understand that a 24-hour cancellation notice is necessary to avoid charges.**

## Cancellation Agreement

I look forward to helping you! The time you schedule is reserved just for you. Your session schedule is designed for optimal results. Missed appointments will hinder your progress. **The full payment of the pilates session will be charged for missed appointments or cancellations without 24 hours notification.** I have read, understand, and agree to the cancellation agreement.

### AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, herby agree to the following:

1. I am participating in Pilates Sessions offered by instructors at Kheya during which I will receive information and instruction about Pilates and health. I recognize that Pilates requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. If necessary, I give my permission to receive Manuel Movement Therapy (MMT) during my Pilates session which includes soft tissue mobilization, strain-counterstrain, joint mobilization and muscle energy techniques.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Pilates Sessions and MMT. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Pilates Sessions.

3. In consideration of being permitted to participate in Pilates Sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program or on the premises.

4. I understand the risks associated with MMT include, but are not limited to:
• Superficial bruising
• Short-term muscle soreness
• Exacerbation of undiscovered injury
I therefore release the company and the individual instructor from all liability concerning these injuries that may occur during the session.

5. I understand the importance of informing the instructor of all medical conditions and medications I am taking, and to let them know about any changes to these. I understand that there may be additional risks based on my physical condition.

6. I understand that it is my responsibility to inform the instructor of any discomfort I may feel during the session so he/she may adjust accordingly.

7. In further consideration of being permitted to participate in Pilates Sessions and MMT, I knowingly, voluntarily and expressly waive any claim I may have against instructors at Kheya for injury or damages that I may sustain as a result of participating in the program or on the premises.

8. I, my heirs or legal representatives forever release waiver, discharge and covenant not to sue instructors at Kheya for any injury or death caused by their negligence or other acts.

I have read the above release and waive of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____ _____
DATE SIGNATURE OF PARTICIPANT

If participant is under 18: AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

_____ _____
DATE SIGNATURE OF PARENT/ GUARDIAN OF PARTICIPANT