



Name: _____ Date of birth: _____

Address: _____

Post code: _____ Mobile number: _____

E-mail: _____ Phone number: _____

Occupation: _____ Tick (✓) box if you do **not** wish to join our mailing list

Release:

I am aware that *Daily Pilates* aims to share knowledge of Pilates and recognise that these activities may at times be strenuous, and may potentially result in injury.

In my participation in any of these activities, I agree to take full responsibility for not exceeding my limits and I assume the risk of and responsibility for any injury, or property damage resulting from my participation in any of these activities. It is my responsibility to ascertain that there is no medical reason to prevent my participation, and I take it upon myself to confirm this with my Health Practitioner. I consent to the reasonable use of physical contact by my instructor to facilitate guidance during sessions.

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

Signature: _____ Date: _____

If under 18 years of age: As a legal guardian of _____
we consent to the above conditions.

Cancellation Policy:

As a courtesy to our staff and clients we have a 24 hour cancellation policy. It is each client's responsibility to notify *Daily Pilates* at least 24 hours in advance, should you need to cancel or reschedule your appointment, to avoid the cancellation fee. Any appointments missed or cancelled in less than 24 hours in advance will be subject to a charge of the service booked.

If you have a standing appointment, inconsistent attendance will result in the loss of that time slot regardless of 24 hour notice.

Scheduling an appointment is your acceptance of these policies.

Please note that the cancellation policy is in place to minimise disruption to our clients and as a courtesy to our trainers who are compensated on a per client basis. We appreciate your understanding and respect for our instructors' time.

Any injuries, conditions or other health problems (please tick (✓)):

- | | |
|--|---|
| <input type="checkbox"/> Back Trouble | <input type="checkbox"/> Low Flexibility |
| <input type="checkbox"/> Knee Problems | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Neck Trouble | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Anti-Depressant drug use |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> I am pregnant | <input type="checkbox"/> I have had surgery in last 2 years |
| <input type="checkbox"/> I am trying to get pregnant | |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Other: (please specify) |

If ANY of the above are ticked, please provide further details:

Brief Movement History: _____

Hobbies: _____

Goals: _____

How did you hear of *Daily Pilates*? _____

What brought you to *Daily Pilates*? _____

What would you like to get from your sessions with us? _____

What usually stops you from doing regular exercise? _____

What days & times would work for you? _____

Recommendations (to be filled out by Pilates Practitioner):
