



FITNESS INFORMATION SHEET

Today's Date: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Birth Date: ____/____/____ Phone: _____

Employment Information:

Occupation: _____
Employer: _____

Contact information

Work phone: () _____
Home phone: () _____
Cell phone: () _____
Email address: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Phone: () _____ Alternate Phone: () _____

Additional Information:

How did you find out about me? (check all that apply)

___ Friend ___ Internet ___ Magazine ___ Newspaper ___ Other: _____

May I send you notices about events, specials, etc? (check) ___ Yes ___ No

If yes, e-mail address: _____

Interests and Hobbies: (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Aerobics/Adult Fitness | <input type="checkbox"/> GYROTONIC® |
| <input type="checkbox"/> Back Care Classes Courses | <input type="checkbox"/> Spinning |
| <input type="checkbox"/> Massage/Cranial- Sacral | <input type="checkbox"/> Running Triathlons |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Pre-Post natal classes | <input type="checkbox"/> Group Fitness Classes _____ |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Workshops | |



RELEASE AND WAIVER

I, _____ voluntarily desire to participate in physical and/or rehabilitation exercise training classes conducted by Jacquelyn Reiff Pilates & Movement located at 849 Spring Street, Suite B2, Friday Harbor, WA 98250 and understand and agree with the following:

1. I assume full responsibility while voluntarily participating in any training class at my sole risk and shall abide by any and all rules and regulations for use of the facility which may be promulgated from time to time by its owner or Jacquelyn Reiff Pilates & Movement.

2. I am aware that there exists the possibility of certain conditions occurring during or following training and/or exercise. These conditions include, but are not limited to: mild or light-headedness, fainting, abnormalities of blood pressure or heart rate, ineffective heart function and in rare instances, heart attack and stroke. The reaction of the cardiovascular system to such activity cannot be predicted with complete accuracy.

3. It is strongly recommended that I receive medical clearance from my private physician prior to starting this or any exercise training program. This program can be designed for persons with known heart disease or those with disorders which require medical supervision however, those persons should have a direct physician referral. Jacquelyn Reiff Pilates & Movement reserves the right to deny services to those without their physician's written consent/referral.

4. I expressly agree that I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk and that neither Jacquelyn Reiff Pilates & Movement, nor the Officers, Directors, agents or employees shall be liable to me or any other person, for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected to services and/or exercises having direct relation to this facility. I do hereby release and discharge Jacquelyn Reiff Pilates & Movement thereof from all claims, demands, injuries, damages, actions, or causes of action and from all acts of active or passive negligence on the part of Polestar or their officers, directors, agents or employees.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE ABOVE CONDITIONS

Client's Signature: _____ Date: _____
Witness: _____ Date: _____

24 Hour Cancellation Policy

I am aware that if I do not cancel my Pilates or training appointment before 3pm on the day previous to my appointment, I will be responsible for 100% of the payment for the session.

Client's Signature: _____ Date: _____