

Park Meadows



PILATES

An integrated therapy center.

*Please read pages 1-6 thoroughly, and sign. You are
more than welcome to call us with any questions.*

303.649.2165

Thank you!



Park Meadows Pilates Agreement of Policies

To maximize the enjoyment of your stay and in consideration of others, we ask you carefully read and agree to the following policies:

- Please be ready for your appointment at the scheduled time, arriving early if needed to change clothes, make a payment, use the restroom, check phone messages, etc...appointments must end at time scheduled and cannot be extended.
- Please report any health issues, even minor injuries, to the instructor before your session begins.
- Clients arriving for group sessions(classes) more than 10 minutes late cannot be admitted and will be charged for the class.
- Cell phones must be turned off and pagers silenced, even if left in the back changing area.
- Please arrive free of colognes, perfumes, or scented lotions.
- Wear clothing appropriate for movement (no loose-legged shorts or floppy t-shirts, please) with empty pockets and free of metal (no exposed zippers, belts with metal, jeans). Remove excess jewelry.
- Don't' forget to bring a towel and water bottle if you think you may need them.
- Chewing gum is not allowed.
- Park Meadows Pilates is not responsible for lost or stolen personal property. Clients are welcome to bring locks for provided lockers. Purses, bags, shoes, etc... are not allowed in the studio areas.
- For liability reasons and no available supervision, children are not allowed in the facility.
- All appointments must be paid in advance.
- Scheduled appointments may be cancelled 24 hours in advance to avoid full session charge.
- Snow Days Policy: The Studio will be closed or on limited schedule if Douglas County / Littleton schools are closed. Check our voice mail message after 7:30 a.m. the morning of the day in question.

I have fully read, understood, and agree to follow all the above policies.

Please Print Name _____

Signature _____

Date _____



Park Meadows Pilates *Health History*

Last Name _____ First _____ Date _____

Address _____ City _____ Zip _____

Phone: *Home:* _____ *Work:* _____ *Cell:* _____

Email: _____ Date of Birth: _____ Age: _____

Emergency Contact: *Name* _____ *Relationship* _____

Phone: _____ *Alternate Phone:* _____

How did you hear about us? (If referred, include name and contact information) _____

Occupation: _____

Describe work related movement: (physical positions, postures, activities such as lifting/bending, etc) _____

Physicians Name _____ Phone _____

Does your physician know you are participating in this exercise program? _____

Were you advised to use caution and/or restrict movement (if yes, explain)? _____

Have you had any experience with Pilates or Gyrotonic? (describe) _____

List current medications (including vitamins/supplements/over-the-counter) _____

How often do you exercise? _____

What forms of exercise do you do? _____

Are you willing to start/change/add to your exercise program? _____

Medical History of Illness, Surgeries or Injuries (including sprains, strains, fractures):

Date	Condition/Injury	Treatment

Check box if you've had the following:

- | | | | |
|---------------------------|--------------------------|----------------------------------|--------------------------------|
| Heart Problems | <input type="checkbox"/> | Elevated Cholesterol | <input type="checkbox"/> |
| Chest Pain | <input type="checkbox"/> | Diabetes or thyroid condition | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | Pregnancy/ # of Children | <input type="checkbox"/> _____ |
| Elevated Blood Pressure | <input type="checkbox"/> | Mental Conditions(s) | <input type="checkbox"/> |
| Obesity (>20% over) | <input type="checkbox"/> | History of family heart problems | <input type="checkbox"/> |
| Osteoporosis / Osteopenia | <input type="checkbox"/> | Bone Density Test/ date | <input type="checkbox"/> _____ |

Chronic Illness or condition (explain) _____

Breathing or Lung Problems (explain) _____

Back or Joint Pain or Muscle Disorder (explain) _____

Have you had a hernia or any other condition that may be aggravated by weight resistance? Explain. _____

How much water do you drink/day? _____

On a scale of 0-10, what is your daily energy level? _____

What are your fitness goals? _____

Any additional questions/concerns? _____



Personal Movement Training Package

What You Need to Know

Congratulations on taking the first step toward improved health, strength and flexibility. We look forward to assisting you in achieving your mind/body health goals but first, there are a few things you need to know:

1. Your credit card information is required in order to reserve your training appointments.
2. A \$25 charge will be assessed for training appointments not cancelled at least 24 hours in advance. (A full session charge will be assessed for future private trainings not cancelled at least 24 hours in advance.)
3. The Training Package includes five private training sessions. These five sessions must be completed within five weeks. Two to three sessions per week is preferable in order to keep the learning curve current.
4. The five sessions included in the Training Package do not guarantee you entrance into classes. Your safety comes first and we want to be sure that you have a full understanding of the exercises you will be undertaking. It is up to your instructors if and when you are ready to enter classes. If you are not ready to enter classes after the five sessions, you may continue with additional private training for an additional fee.
5. Please refer to the Park Meadows Pilates "Agreement of Policies" for more information to maximize the enjoyment of your visits.

Please let us know if there is anything we can do to make your visits with us more comfortable. We thank you for observing our policies.

The Staff at Park Meadows Pilates

Signature: _____ Date: _____



Park Meadows Pilates Release of Liability

In consideration of being allowed to participate in any way in the Park Meadows Pilates program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Park Meadows Pilates, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

PARENT/GUARDIAN'S SIGNATURE

DATE

EMERGENCY #: _____