



center of balance

# Agreement of Release and Waiver of Liability

*(Please print clearly)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please fill out contact info below. Please check best ways to reach you:

Email (print clearly please) \_\_\_\_\_

Phone (Home) \_\_\_\_\_  Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_  Text \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_ Occupation \_\_\_\_\_

Medical Conditions \_\_\_\_\_

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

1. I understand that I am participating in yoga, Pilates, CoreAlign, Physical Therapy and/or other methods of movement and bodywork offered by Center of Balance, during which I will receive information and instruction about yoga, Pilates, CoreAlign, Physical Therapy and/or other methods of movement and bodywork. I recognize that this involves physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga, Pilates, Physical Therapy and/or other methods of movement and bodywork. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in yoga, Pilates, Physical Therapy and/or other methods of movement and bodywork sessions.

3. In consideration of being permitted to participate in yoga, Pilates, Physical Therapy and/or other methods of movement and bodywork sessions offered by Center of Balance, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, that I may incur as a result of participating in the sessions. I knowingly, voluntarily and expressly waive any claim I may have against Center of Balance for injury or damages that I may sustain as a result of participating in the sessions.

4. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Center of Balance and its officers, teachers and agents for any injury caused by their negligence or other acts.

5. I understand that if I do not allow at least 24 hours notice before cancelling a private or group session at Center of Balance, I will be responsible for the full service charge.

I have carefully read this Release and Waiver and fully understand and voluntarily agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under the age of 18:** As legal guardian of \_\_\_\_\_ I consent to the above terms and conditions.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_



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### Client Profile (for private sessions only)

Name \_\_\_\_\_

Date \_\_\_\_\_

#### Health Assessment

Cardiac Problems? \_\_\_\_\_

Osteoporosis? \_\_\_\_\_

Pregnant? \_\_\_\_\_

Lung Problems? \_\_\_\_\_

Osteoarthritis? \_\_\_\_\_

Due Date? \_\_\_\_\_

Asthma? \_\_\_\_\_

Arthritis? \_\_\_\_\_

Epilepsy? \_\_\_\_\_

Unstable Weight? \_\_\_\_\_

Medications? \_\_\_\_\_

Fibromyalgia? \_\_\_\_\_

Sleeping Troubles? \_\_\_\_\_

What for? \_\_\_\_\_

Other (explain) \_\_\_\_\_

Why are you here today? \_\_\_\_\_

Chronic Injuries? What? Since When? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Surgeries? What? When? \_\_\_\_\_

Functional limitations or disabilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Accidents or acute injuries? What? When? \_\_\_\_\_

Physical activities and frequency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Telephone \_\_\_\_\_

**My Goals** - Please tell us what results you'd like to gain from your work with us: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often do you expect to do Pilates? \_\_\_\_\_

*Please indicate your availability to come to Center of Balance:*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am - 12pm						
12pm - 4pm						
4pm - 8pm						

#### 24 Hour Cancellation Agreement

Please Initial \_\_\_\_\_. I understand that I am responsible for full payment of the service charge if I do not give a minimum of 24 hours cancellation notice for any scheduled session.